SEX?—A HEaLthy SeXuaLity ReSOurce

The information contained in this book is up-to-date as of the date of printing. This information is not a substitute for the advice of a health professional. Always consult a health professional for information on personal health matters.

All of the

used in this book are direct quotes from youth in Nova Scotia.

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Is this book for me?

This book is about sexuality, relationships and healthy sexual choices.

Sexuality is part of being human. It's a normal and healthy part of everyone's life. Sexuality is about feelings and desires. It's about finding your own way to juggle feelings that are confusing and scary and exciting—all at the same time. Sexuality includes sexual feelings and the decisions you make about how you act on those feelings.

Healthy sexual choices allow you to:

- Respect yourself and others
- Protect yourself from emotional or physical harm like:
  - Pressures to have sex
  - Sexual assault
  - Sexually transmitted infections (STIs)
  - Unintended pregnancies

Healthy sexual choices are choices you can feel good about.

So if you're looking for information to help you sort out your feelings and make healthy choices, then this book is for you.

Toward the back of this book you'll find a section called **Useful Information**. It has definitions of words you might not know, drawings of the male and female bodies, and places to find more information.

You CAN Talk to Your Parents

When you have questions or worries about sex or sexual choices, don't overlook your parents as a source of information and help.

No one cares about your health and happiness more than your parents do.

You may not always agree with them, but it's always worth listening. In the end, you have to make your own decisions.

Talking with someone who has a different point of view is a good way to help you sort out your own thoughts and clarify your choices.

Bringing up these topics isn't easy.

Pick a time when your parents are relaxed and you're not likely to be interrupted.

Some good openers are...

"Today in health class, we were talking about_____. Some of it was really interesting. Did you know that ..."

"I've been trying to make up my mind about some things and would like to hear what you think."

"I need to talk to you about something that's important to me."

"I'm confused about ..."

Sometimes parents are uncomfortable talking about sex. If they get upset, tell them that you're just asking questions and that you hope they can give you some good information. It may help to give them a little time to get used to the idea of talking about sex with you.

Remember that no matter how uncomfortable they feel, your parents will be very happy that you care what they think and that you want to talk to them.

As sexuality develops, some people discover that they are attracted to people of the same gender. They may be **gay** or **lesbian.**

Some people are attracted to both genders. They may be **bisexual.**

People who are attracted to the opposite sex are heterosexual or **straight.**

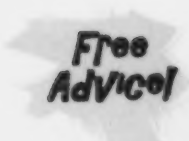
Some people feel that they are in the wrong body—that is, a girl feels as if she ought to have been a boy or a boy feels as if he ought to have been a girl. They may be **transgendered.**

These feelings can be confusing and scary because there is still fear and prejudice against people who are gay, lesbian, bisexual, or transgendered. This can make it difficult to have these feelings and difficult to tell other people about them.

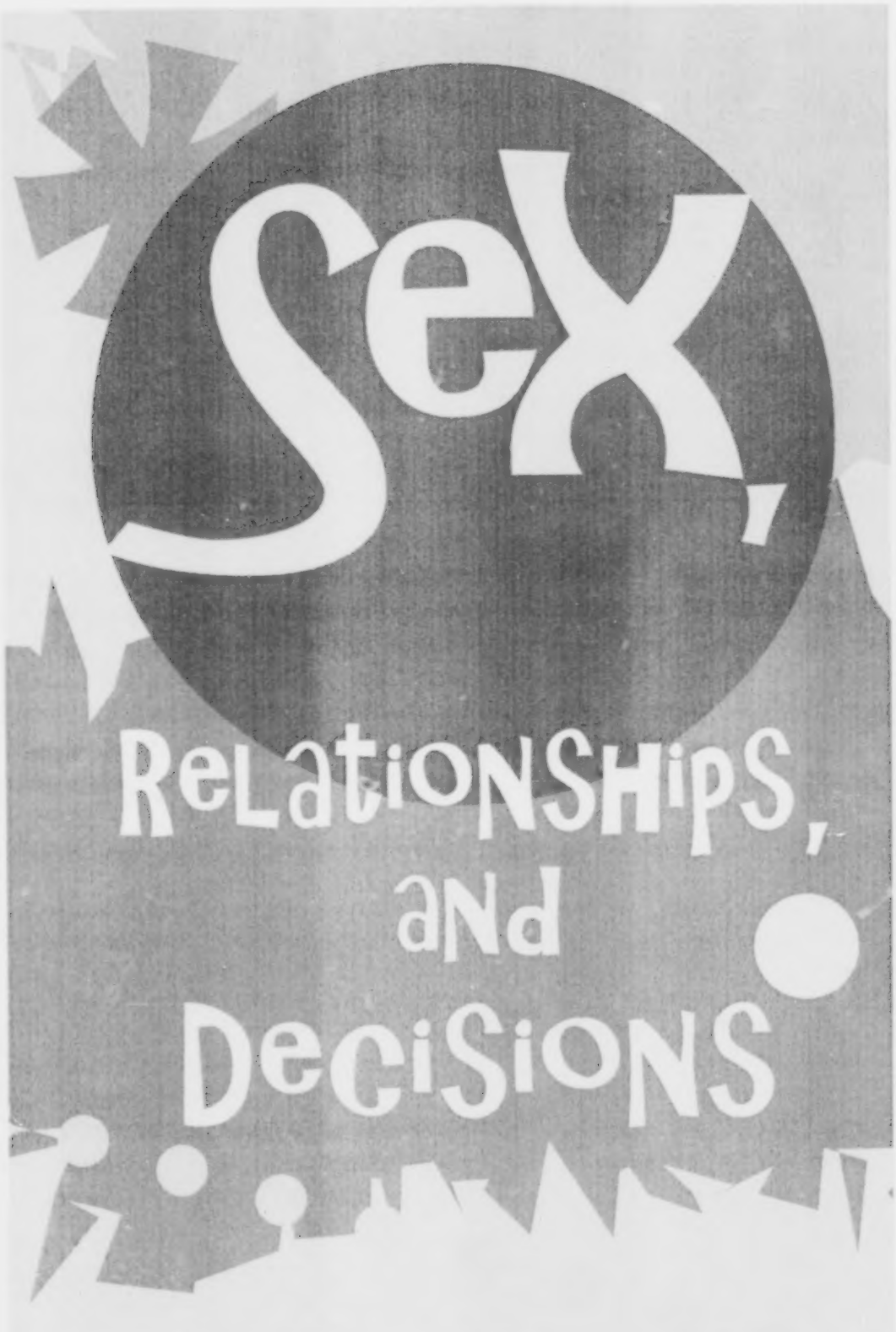
If you think you are gay, lesbian, bisexual, or transgendered:

- **You are not alone!** There are other youth and adults who have felt the same way. There are people out there you can talk to.
- **It's okay to be yourself.** What you are feeling is natural and normal for you. Lesbian, gay, bisexual, and transgendered people can have healthy relationships and lead happy, fulfilling lives with family, friends, and community.
- **Only you will know if you are lesbian, gay, bisexual, or transgendered.** You are who you are, and in time you will know for sure. You don't have to come out and tell people until you are ready.
- **You don't have to have sex to tell whether you are lesbian, gay, bisexual, or transgendered.** Being gay, lesbian, bisexual, or transgendered is about feelings, relationships, and attraction, not just about sex.

This book is about healthy relationships and healthy sexual choices and is useful for everyone—lesbian, gay, bisexual, transgendered, or straight.



It's okay to be gay, lesbian, bisexual, or transgendered, but it is wrong to treat people badly because of their sexuality.


Sex,
Relationships,
and
Decisions

What is "Sex" anyway?

In this book, the words "sex" or "having sex" mean vaginal intercourse, anal intercourse, or oral sex.

Sexual activities are the wide range of ways in which people act on their sexual or romantic feelings. Sexual activities include everything from kissing to intercourse. At the right time and with the right person, sexual activities can be wonderful for both partners.

Sex comes with risks as well as pleasures. This book focuses on vaginal intercourse, anal intercourse, and oral sex because these are the sexual activities that put you at the highest risk for STIs (sexually transmitted infections) and pregnancy. It's important to have accurate information so you can make safe and healthy choices about whether, when, and with whom you want to engage in these activities.

Sexual activities are ways to physically express sexual or romantic feelings and to give and receive pleasure.

Sexual activities include:

- Kissing
- Hugging
- Masturbation
- Making out
- Touching, feeling
- Oral sex
- Vaginal intercourse
- Anal intercourse

Making Choices about Sexual Activities

You make choices every day. You choose to get up in the morning. You choose what to wear, who to spend time with, and what to do with your friends.

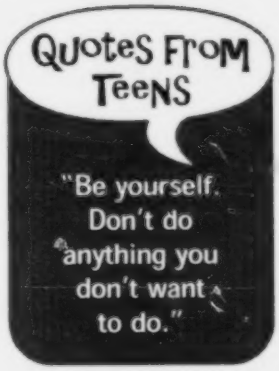
The people around you, your culture, your religious beliefs, and where you are in your life all influence the choices you make. But in the end, you're the one who chooses what you'll do.

You are the one who is responsible for the results of your choices.

You make choices about sexual activities, too. And while lots of things influence your choices—family, friends, movies, videos—when you're the one who makes the decisions, you're the one who lives with the results.

Sexual feelings are exciting, and it can be easy to let yourself get carried away. Think ahead about the choices you make.

Decide what you feel happy and comfortable doing. If the whole idea of sexual activity makes you feel uncomfortable right now, that's okay. If you feel happy and comfortable holding hands, then that's enough. If you feel happy and comfortable kissing, then that's enough.



Think before you act.

Most teens choose NOT to have sex.

In 2002, a study found that 7 out of 10 teens in Nova Scotia have not had sexual intercourse.

The sexual activities you will feel comfortable with will depend on your beliefs, values, and culture. Thinking carefully before acting on your sexual feelings will help you to make choices you can be proud of.

You matter. The choices you make matter, too. It's your responsibility to decide what's right for you at this time in your life.

Weighing the Risks

Some sexual activities with a partner have higher risks of STIs or pregnancy.

No Risk

Flirting

Holding hands

Hugging

Physical contact with your clothes on

Low Risk

Skin-to-skin contact like:

Kissing

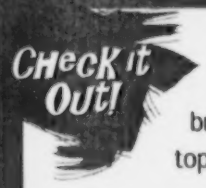
Stroking

Touching

Fondling

Feeling

Massaging



Sexual activity has emotional risks, too. You risk getting your feelings hurt or your heart broken. You could find that your love life is a hot topic for gossip.

Protecting yourself and your partner from both physical and emotional risks is your responsibility when you become sexually active.

Medium Risk

- Oral sex with a condom or oral dam
- Vaginal intercourse with a condom
- Anal intercourse with a condom and lubricant

High Risk

- **Oral sex without a condom or oral dam**
- **Vaginal intercourse without a condom**
- **Anal intercourse without a condom**
- **Sharing sex toys**

Relationships: Happy Together?

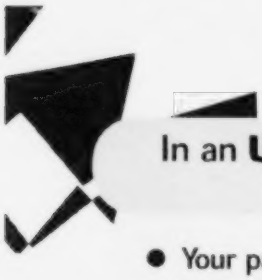
Relationships can be healthy or unhealthy.

Whether or not you feel happy and comfortable with any kind of sexual activity—from kissing to having sex—depends on whether you feel happy and comfortable with your partner.

In a **HEALTHY RELATIONSHIP**, you feel safe, respected, and cared about.

- **You know, like, and respect each other.** You accept each other as you are and don't try to change each other.
- **You trust each other.** You enjoy your time together and aren't jealous when you each spend time with other people.
- **You're there for one another.** You support each other through good times and bad.
- **You feel good when you're together.** You're relaxed and comfortable. You can laugh and have fun. You're not worried about saying or doing the wrong thing.
- **You can talk about anything.** You can discuss your problems and concerns. You even feel comfortable talking about sex. You listen to each other. You're not afraid to be honest or to say what you really think. You can disagree with each other without getting mad.

Healthy relationships are about a lot more than sex. They're based on self-respect and self-esteem. Healthy relationships take time—time to get to know, like, and trust one another.



In an **UNHEALTHY RELATIONSHIP** you feel scared, confused, and insecure.

- **Your partner constantly criticizes you and puts you down.** Nothing you do is good enough. He or she makes you feel stupid. There are things you're afraid to talk about with your partner—for example, your own feelings, sex or birth control.

- **Your partner is jealous and controlling.** She or he doesn't want you to spend time with your friends or family.

- **You never know where you stand.** Your partner plays mind games—he or she will be nice one minute and ignore you the next. She or he lies to you. Your partner tells you one thing and then does another.

- **You feel pressured to do things you don't want to do.** You're afraid that your partner will get angry or leave you if you don't do everything he or she wants you to do.

- **There is a lot of yelling in your relationship.** Your partner freaks out when you don't agree with what she or he wants or says. Sometimes you're scared of what he or she might do.

Quotes From Teens

"Don't feel obligated to do something you're not sure you want to do. If you are not comfortable with your partner, you are not comfortable with your relationship. If you are in a relationship where you are on edge all the time, sex won't change it."

How Healthy Is Our Relationship?

YES	NO	
		Is this a relationship between equal partners where neither of us is "the boss"?
		Are we friends?
		Do we have fun together?
		Do we both have other friends and interests so we aren't jealous about time we spend apart?
		Are we honest with each other?
		Do we trust one another?
		Are we comfortable talking about most things, including sex?
		Do we listen to each other and respect each other's ideas, values, and points of view?
		Does being in this relationship make me feel good about myself?

If you answered "no" to any of these questions, your relationship could be unhealthy. You might find it helpful to talk with someone you trust about how you feel.

THE BOTTOM LINE

In a healthy relationship, you feel good about yourself.

How Will I Know When I'm Ready?

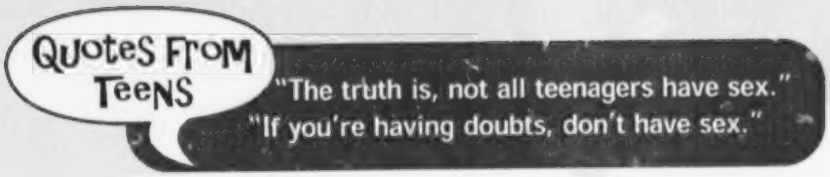
When—or whether—you are ready to have sex is a decision only you can make.

Deciding NOT to have sex is a normal and healthy choice.

You need to think about whether having sex is a choice both you and your partner will feel happy and comfortable about.

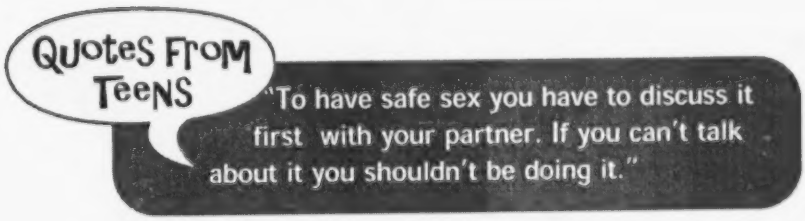
Ask yourself:

- Why do I want to have sex now? Is this what I want? Or am I doing it to please someone else? Am I doing it because I think I'm the only one who hasn't had sex yet?
- What does sex mean to me? Does it mean the same thing to my partner?
- Can I talk to my partner about sex? Does my partner care what I think?
- Will having sex now make my life better or worse?
- Would I feel embarrassed or ashamed if other people knew I was having sex? Or if they knew I was having sex with this person?
- Do I know how to protect myself and my partner from STIs? from pregnancy?
- If I have sex, how will I feel about it afterwards? How will I feel if we have sex and then break up?



You MAY be ready when:

- You have information about your choices and you understand the risks.
- You've thought about it and you know what sex means to you, what you want, what you don't want, and what's important to you. You're comfortable with the idea of a sexual relationship.
- You can talk to your partner about sex. You and your partner trust each other, listen to each other, and respect each other's beliefs and choices.
- You and your partner are ready, willing, and able to protect yourselves—from STIs and from pregnancy. This means using condoms and birth control.
- You're sure this is the right thing for you to do. You feel good about yourself and about the choices you're making.


Quotes From Teens
"To have safe sex you have to discuss it first with your partner. If you can't talk about it you shouldn't be doing it."

You're NOT READY for sex if:

- Your partner isn't ready.
- You feel pressured.
- You're not sure about it.
- You can't talk about it with your partner.
- You don't have a way to protect yourself from STIs and pregnancy.
- You need to get drunk or stoned to do it.
- Your partner needs to get drunk or stoned to do it.

There is no "right age" for having sex.

But one important thing to consider when making your decision is that **having vaginal sex before age 18 is risky for a girl.** This is because the cells of the cervix are still developing and are more easily damaged. This puts girls at higher risk for cervical cancer. To find out more see page 56.

Confidentiality

If you're thinking about having sex, it's good to get all your questions answered first.

Talk to someone you trust, feel comfortable with, and who you think will have good information. Talking to friends is great, but they don't always know all the facts.

You can talk to:

- A parent or family member
- A nurse—a public health nurse or a nurse in a school, a clinic, or a youth health centre
- A teacher or guidance counsellor
- An adult you trust
- A doctor

When you go to a doctor or clinic, you can ask them to keep everything you say confidential. When you ask for confidentiality, it's not ethical for a doctor or nurse to tell anyone—even your parents—why you came, what you wanted, or that you were there at all.

When you see a doctor or nurse, if you want to be sure your talk remains between the two of you just say, "This is confidential, right?"

You have a right to confidentiality.

No commitment: No worry? Think again!

Sex and images of sexuality are everywhere—
in movies, in music, in videos.

People see someone who looks good, they have sex, and that's that. Everyone seems to be having a good time, and no one seems to be getting hurt. After a while it starts to seem like it's the thing to do.

Then you chat with someone on the Internet or meet someone at a party and he or she says, "How about hooking up?"

You might think, "Oral sex is safe. It's not like we're actually having sex. I'm flattered that someone wants me, and I'll be more popular if I do it. It's no big deal."

Think again!
It **is** a big deal!

You can get **hurt physically.**

Oral sex can give you herpes and other STIs.
Being alone with a stranger can be dangerous,
and having many sexual partners
increases your risk of getting an STI.

You can also get **hurt emotionally.**

Oral sex—or any sexual activity—with
someone who doesn't know you or care about you
can leave you feeling sad, bad, hurt, and used.

You matter.

You are the sum of your heart
and mind and spirit.
Your sexuality is an
important part of that.

**You deserve to be liked, respected
and loved for more than your
willingness to have sex.**

If you don't believe that, talk to a
counsellor or someone you trust **now**.
Don't wait until after you
get hurt.

YOU decide!

Whether you are male or female, straight or gay, old or young, no one has the right to pressure you into having sex or into any kind of sexual activity. These decisions are yours to make. Don't let anyone else make them for you.

- You get to decide how far you're willing to go. Agreeing to kiss or touch does not mean that you have agreed to have sex. You can change your mind and say, "Stop" at any point, even during sex.
- You can say "No" to sex for now. Later on, when you're ready, you can say "Yes."
- Even if you've had sex before, you can still say "No" the next time.

Pressure to have sex can be hard to resist. You don't have to feel guilty about saying "No," and you don't have to explain why. Your self-respect is more important than doing what someone else wants you to do.

THE BOTTOM LINE

When in doubt, don't.
Slow down, back up,
think it over.

5 Ways to Say "Not Now"

1. "You would if you loved me."
   "There are other ways to show our love."

2. "But I love you!"
   "If you loved me, you'd respect my right to say no."

3. "Everybody does it."
   "Not everybody. Not me. It's really important to me to wait until I'm ready."

4. "I need you. I have to have you."
   "If I can wait, so can you."

5. "If you don't, I'll find someone who will!"
   "Okay. I'm just not ready for sex yet."

Quotes From Teens

"It would be better to lose someone who is constantly pressuring you to have sex than to regret doing it."

17 Good Reasons Not to Have Sex

1. Because you're lonely
2. Because you're drunk
3. Because you're high
4. Because someone else wants you to
5. Because you think you owe it to someone
6. Because you think someone owes it to you
7. Because you think everyone else is doing it
8. Because you want to fit in or feel popular
9. Because you want to prove that you're grown up—to yourself, your friends, or your parents

10. Because you see people having sex in videos and movies and think you should too

11. Because you think that having sex will make the other person love you (It won't. Love may lead to sex, but sex doesn't lead to love.)

12. Because you think having a baby will be fun and you'll be able to move away from home

13. Because you want to prove you're straight

14. Because you're afraid to say "No"

15. Because you think having a baby will make your boyfriend or girlfriend stay with you

16. Because someone gives you money or gifts, or makes promises

17. Because you want to hurt or get back at someone

Clear Head, Clear Thinking

Having sex is something to think about carefully before you do it. And it's a lot better if you do your thinking while you're clear headed and sober.

In 2002, 35% of grade 7 to 12 students in Nova Scotia who had had sex during the previous year said that they had unplanned sexual intercourse while they were drunk or high. Drugs and alcohol can lead to sexual choices you might regret later.

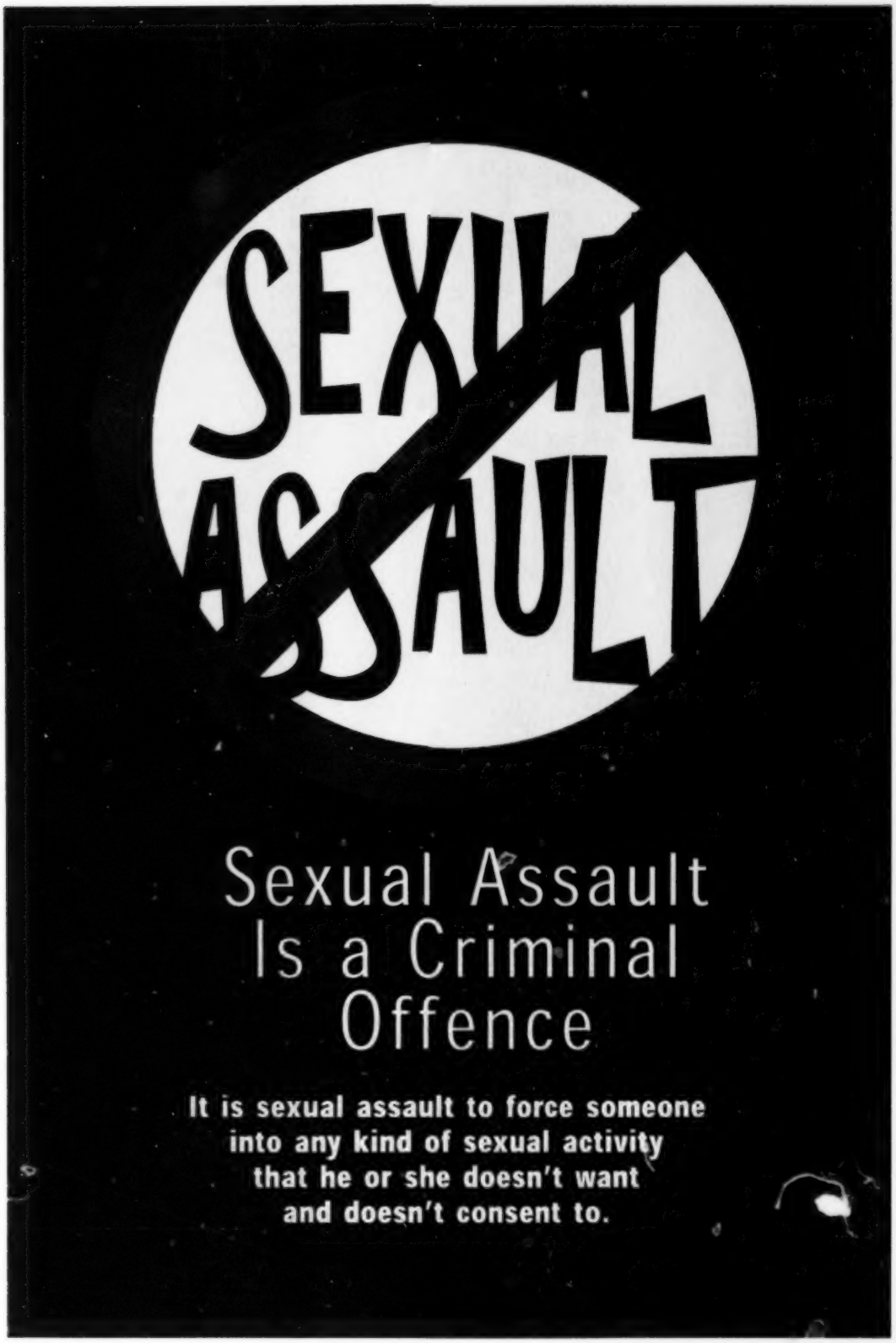
It's a good idea to stay out of situations where you might be forced to make an important decision when you're not thinking clearly and aren't prepared.

QUOTES FROM TEENS

"About two weeks ago I was out with my friends and we were drinking and I drank a little too much and we met some guys and I liked one of them and I was pretty much loaded at the time and he took advantage of me and I only have a faint recollection of this and I'm scared about meeting up with him when I'm sober. He might think I'm like that normally, and I am not!!"

THE BOTTOM LINE

Don't put yourself in a position where you start off kissing and end up having sex because you're not thinking clearly.


SEXUAL ASSAULT
Sexual Assault
Is a Criminal
Offence
It is sexual assault to force someone
into any kind of sexual activity
that he or she doesn't want
and doesn't consent to.

Read this section carefully!
Many people don't know what sexual assault is. You may be breaking the law without knowing it and that could change your life forever.

Any kind of sexual activity that the other person doesn't consent to is sexual assault. The legal definition of sexual assault includes (among other things):

oral sex, vaginal sex, anal sex, touching, kissing, grabbing, masturbating another person, forcing another person to masturbate you, and masturbating over another person.

If you are sexually assaulted, it is never your fault.

People who have been sexually assaulted often feel embarrassed or ashamed or that it is somehow their fault. It is not. **No one "asks for it."** You are not to blame because of the way you look, the clothes you were wearing, or where you were. You are not to blame because you were drinking or high.

If you are sexually assaulted, the person who assaults you is committing a crime. Crime is the criminal's fault, not yours.

Sexual assault is a crime.
Threatening to sexually assault someone is a crime.

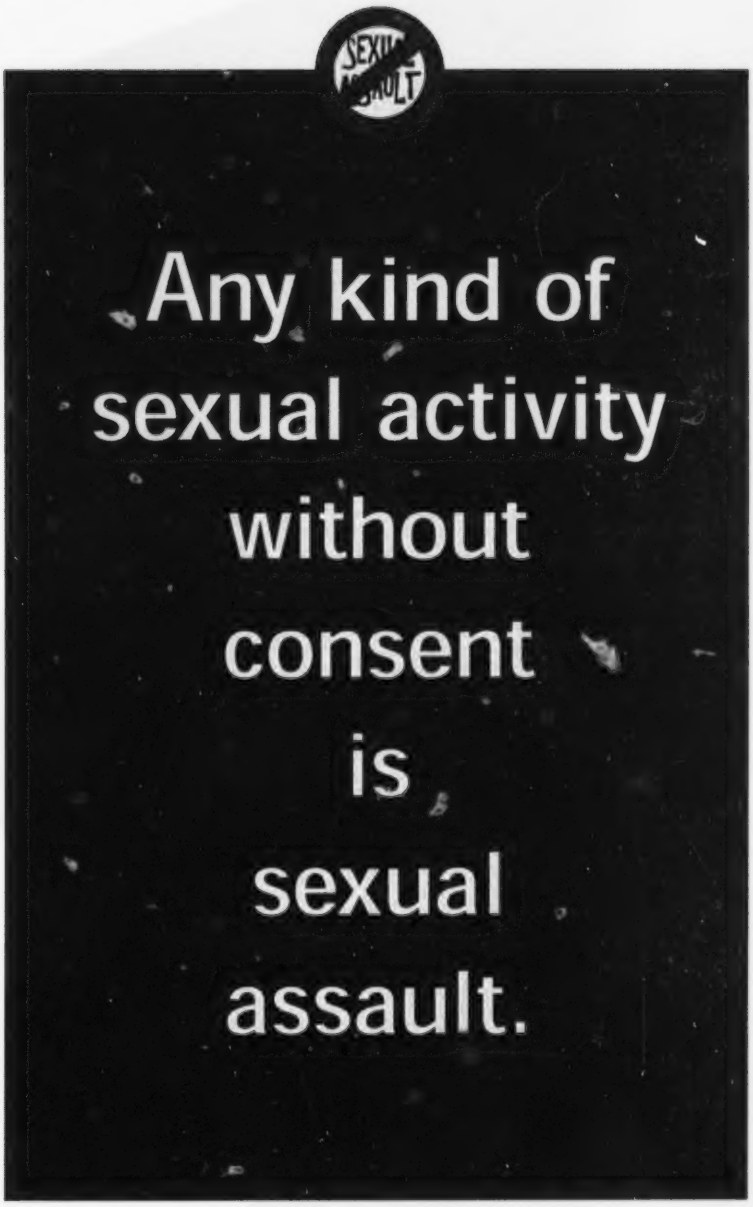
Both males and females can be victims of sexual assault, and both males and females can commit sexual assault.

No one has the right to force another person into having sex or any kind of sexual activity—not a partner, not a date, not a friend, not a relative, not a stranger.

Everyone has the right to change his or her mind at any point—even during sex.

If you are afraid that you'll be hurt if you say "No," talk to someone NOW.

Everyone has the right to say "No."
No one has the right to hurt you.


SEXUAL ASSAULT
Any kind of sexual activity without consent is sexual assault.

What Consent?

Consent is voluntary agreement. This means that two people agree to do certain things of their own free will.

Legal consent means saying "Yes" because you want to say yes. A person who agrees to sexual activity because he or she is pressured, afraid, forced, lied to, or threatened has not legally consented. This is because they have not voluntarily agreed to sexual activity.

The legal age of sexual consent in Nova Scotia is 14.

The exception to this is that a person who is 12 or 13 can consent to sexual activity but only with a person who is less than 2 years older than he or she is. This means, for example, that a 13-year-old can consent to sexual activity with a 15-year-old, but sexual activity between a 13-year-old and a 16-year-old is illegal.

What consent?

There are times when consent is NOT legally possible.

- A child under age 12 can NEVER give legal consent to sexual activity.
- There can be no legal consent when a person is drunk, drugged, asleep, or passed out.
- There cannot be legal consent when one person is under the age of 18 and the other is in a position of authority or trust—for example, a teacher, neighbour, parent, older sibling, babysitter, relative, or coach. This is because there can be no voluntary consent unless the two people are equal. If one person has power over the other, consent is not legally possible.

Sexual activity without consent is a criminal offence.

Avoiding Sexual Assault and Date Rape

Most sexual assaults are NOT committed by strangers.

When a teen is sexually assaulted, 85% of the time it is by someone he or she knows. It could be a friend, a date, a relative, or someone you've seen around. And most of the time, it doesn't happen in a dark alley. It happens on a date—in a car or at a party or in someone's house. Maybe even in your own house.

To lessen the chances of sexual assault and date rape:

1. Be clear.

Communication is a two-way street. One person has to clearly say what he or she wants and doesn't want. The other person has to listen and respect those limits.

It's your responsibility to be clear about your limits. You need to be very clear about how far you are willing to go. You have to tell the other person what is okay and what isn't. Say NO when you mean no. Say STOP when you mean stop. If you say nothing, your partner might think everything is okay and you want to go further. Mind reading doesn't work!

NO always means **NO**. **STOP** always means **STOP**.
If someone says **NO** and you do not stop,
you are committing a crime.

It's your responsibility to accept and respect your partner's limits. It is also your responsibility to ask your partner if what you are doing is okay. You cannot assume that because your partner doesn't say anything, you can just go ahead. For example, even if your partner says "okay" to kissing and touching, you still need to ask if it's okay to go further. You can say, "Is this okay, too?" If your partner doesn't say "yes," then stop. **Silence does not mean consent. Either partner can change their mind at any point, even during sex.**

2. Stay alert, aware, and sober.

Drugs and alcohol are often involved in sexual assault. No one can consent to sex while drunk, drugged, or unconscious. If you sexually assault someone while **you** are drunk or high, it is still a crime.

Know where you are, where you're going, and always have a way home. Be sure someone else—your parents or a friend—also knows where you are.

3. Trust your feelings.

If you feel like you're being pressured, you are. Trust your feelings and leave.

As soon as you feel uncomfortable at a party or anywhere else, trust your instincts and leave. Find a friend to leave with you, or call someone to come get you.

Date Rape Drugs

Drugging someone so you can have sex with him or her is sexual assault. It is a crime.

"Date rape" drugs can be put into drinks—any kind of drink, not just alcoholic ones. They are often colourless, odourless, and tasteless. They cause drowsiness, dizziness, confusion, memory loss, and unconsciousness. They leave you vulnerable to sexual assault because you can't resist, escape, or call for help.

Protect yourself!

1. Be careful what you drink.

- Drink only from bottles or cans that you buy or open yourself.
- Keep your drink with you.
- Don't share or exchange drinks.

2. Go to parties with friends.

Arrive together and leave together. Look out for one another. If a friend seems drunk, dizzy, or confused, stay with them. Take them home or get help if they need it.

Quotes From Teens

"The HUGE RISK of getting a guy to buy me a drink never entered my mind — it's easier than you think to end up naked in a hotel room with someone you don't know and no memory of how you got there."

Get Help if you've been Sexually Assaulted

You need to get medical help as soon as possible if you've been sexually assaulted. Early treatment can prevent HIV and pregnancy. Testing within 24 hours can show if there is a date rape drug in your system.

For immediate help and treatment

- Local police or RCMP—call 911
- Hospital emergency departments

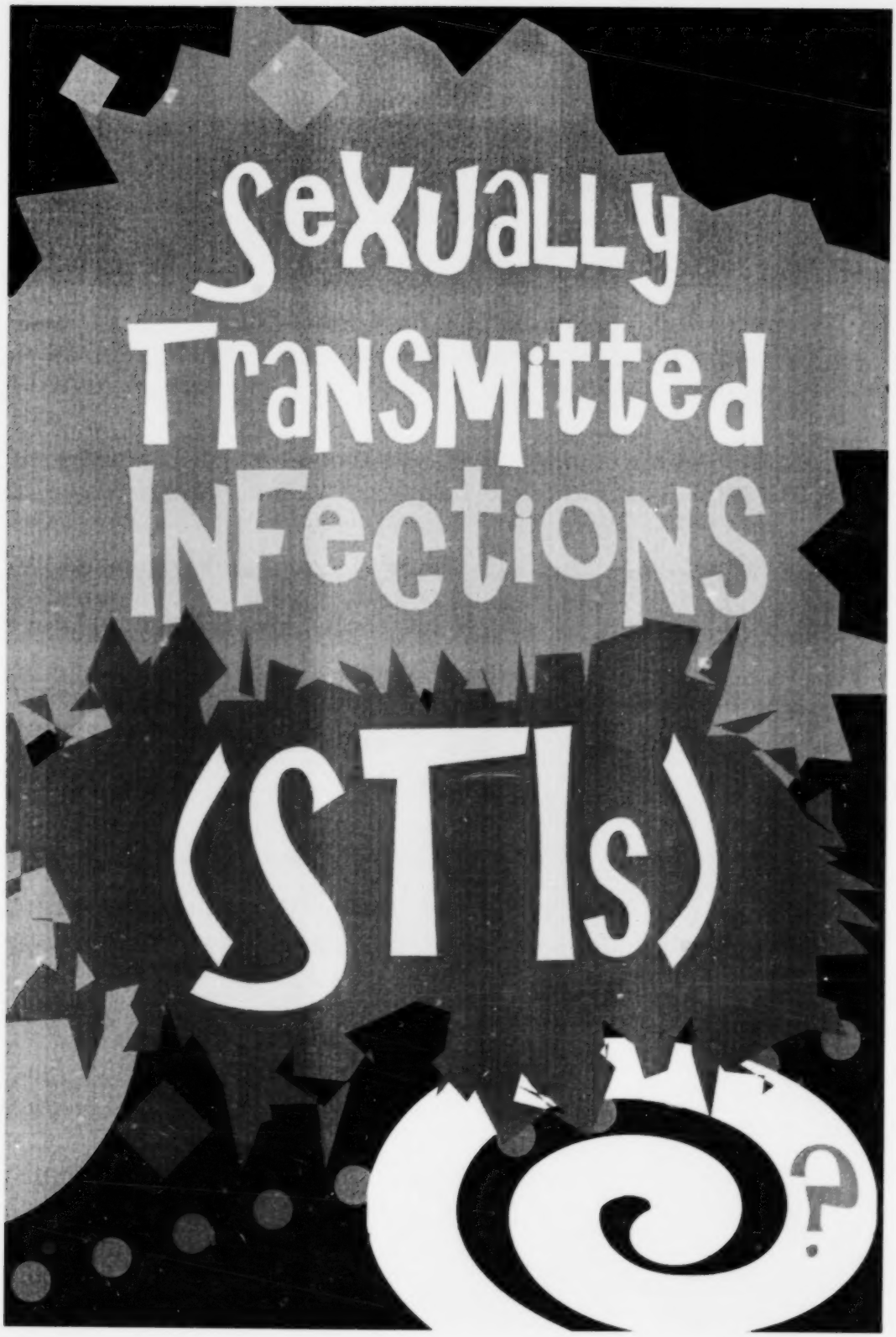
For support, advice, or counselling

- Help Line: 1-800-420-8336
  Help Line HRM: 420-8336
- Talk to a parent, friend, teacher, guidance counsellor, school nurse, or other adult you trust.

How to help a friend who's been sexually assaulted

- Believe her or him.
- Remind your friend over and over that it is not his or her fault.
- Offer emotional support. Be there when your friend needs you.
- Respect your friend's confidence in you. Don't gossip about what happened.
- Help your friend find treatment and counselling including being tested for STIs and pregnancy.
- Be patient. It can take a long time for someone to recover physically and even longer to recover emotionally from sexual assault.

Be there to help, not to judge.


Sexually
Transmitted
Infections
(STIs)
?

What are STIs?

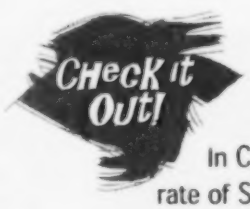
STIs (sometimes called STDs—sexually transmitted diseases) are infections that are spread through sexual contact. You can also get some of these infections from needles used for tattoos or piercing, or for injecting drugs.

It makes no difference whether you're straight, gay, lesbian, bisexual or transgendered—anyone can get an STI.

Some STIs can be cured if they are found and treated. Others—like herpes—can be treated and controlled, but are never really cured. HIV/AIDS is fatal.

STIs often have no symptoms. You can get an STI and not know it. Years from now you could still pass it on to others.

Abstinence is the best way to avoid getting an STI. Abstinence means choosing not to have any kind of sexual activity that leads to an exchange of body fluids. This includes oral sex, vaginal sex, anal sex, and any activity that involves skin-to-skin contact in the genital area.



Did you know that teens are more likely to get an STI than adults?

In Canada, young people, ages 15-24, have the highest rate of STIs. The rate of STIs is also increasing faster in this age group than in any other.

COMMON STIs

What is it?	What does it do?	How do you get it?	Can it be treated and cured?
Chlamydia			
•Caused by bacteria •One of the most common STIs	•Can cause PID (pelvic inflammatory disease) in women •Can cause sterility in men and women	•Unprotected vaginal, oral, or anal sex	•Yes, with prescription antibiotics •Both partners must be treated
Genital Herpes			
•Caused by a virus •The same family of viruses also causes cold sores around the mouth	•Causes painful sores on and around the genitals	•Contact with open sores, usually during sex •Contact with the skin around the genital area even when there are no sores •Contact with cold sores during oral sex	•**There is no cure** •Outbreaks of herpes sores can be treated to make them shorter and less painful
Gonorrhea			
•Caused by bacteria •Sometimes called "the clap," "the drip," or "the dose"	•Can cause PID (pelvic inflammatory disease) in women •Can cause sterility in men and women	•Unprotected vaginal, oral, or anal sex	•Yes, with prescription antibiotics •Both partners must be treated
Hepatitis B			
•Infection of the liver caused by a virus	•Can cause liver disease or cancer of the liver	•Unprotected vaginal, oral, or anal sex •Sharing needles used for drugs, tattoos, or piercings	•Can be prevented with a vaccination •**Can't be cured**, but sometimes goes away by itself

What is it?	What does it do?	How do you get it?	Can it be treated and cured?
HIV/AIDS			
•HIV (human immunodeficiency virus) is the virus that causes AIDS (acquired immunodeficiency syndrome)	•Attacks the body's immune system and makes it difficult for the body to fight off illnesses •Can kill you	•Unprotected vaginal, oral, or anal sex •Sharing needles used for drugs, tattoos, or piercing	•**There is no cure. AIDS is fatal** •Several treatments have been developed that may slow the progress of HIV
HPV (Human Papilloma Virus)			
•Caused by a virus •One of the most common STI viruses	•Some types of HPV cause genital warts (growths in, on, or around the genitals or anal area) •Other types can cause cancer of the cervix, penis, or anus	•Skin-to-skin contact with the genital area of an infected person	•**There is no cure for HPV**, but in some cases, over time, the virus goes away on its own •Genetal warts can be treated but may come back
Syphilis			
•Caused by a bacteria	•Over time, can cause damage to the heart, liver, brain, and eyes	•Unprotected vaginal, oral, or anal sex	•Yes, with prescription antibiotics •Both partners must be treated
Trichomoniasis			
•Also called "Trich" •Caused by a parasite	•Causes vaginitis in women (an inflamed and itchy vagina) •Causes irritation and redness to the head of the penis	•Unprotected vaginal intercourse	•Yes, with prescription antibiotics •Both partners must be treated

How can I tell if I have an STI?

If you have ever had vaginal, anal, or oral sex, you are at risk for STIs.

You might have an STI if you have any of these symptoms:

- Discharge from your vagina that's new or that looks or smells different
- Bleeding between your periods
- Discharge from your penis
- Burning, itching, or pain when peeing
- Sores, warts, itching, pain, or swelling anywhere in your genital area
- Painless lumps anywhere in your genital area
- Pain or bleeding when you have sex

STIs often have no symptoms at all.

The only way to know for sure if you have an STI is to go to a doctor or a health clinic and have **all** STI tests (including HIV testing).

Most STI tests are simple—a swab or a urine or blood test is done. Some STI tests are costly and are not done routinely.

After you've been tested, if either you or your partner have sex with a new partner—even once—it puts you both at risk for STIs. You both need to be retested.

To be safe, always use a condom or oral dam.

THE BOTTOM LINE

The only way to know if you have an STI is for you and your partner to be tested for **all** STIs.

When should I get an STI test?

Once you become sexually active, you need a yearly check-up and STI test even if you haven't had sex for a while.

You also need an STI test:

- If you have sex without using a condom or if the condom breaks
- If you find out that your current or past partner has an STI
- If you find out that your partner is having sex with someone else
- If you or your partner have piercings or tattoos
- If you or your partner have ever injected drugs
- If you are having sex with a new partner
- If you or your partner have any STI symptoms
- If you have been raped or think you might have been

It is important that both you and your partner get treated. If only one partner is treated, you will just keep passing the STI back and forth. If either of you has other partners, you'll pass it on to them, too.

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- If you or your partner have ever injected drugs
- If you are having sex with a new partner
- If you or your partner have any STI symptoms
- If you have been raped or think you might have been

If you find out that you have an STI, the sooner you get treated, the better.

It is important that both you and your partner get treated. If only one partner is treated, you will just keep passing the STI back and forth. If either of you has other partners, you'll pass it on to them, too.

Free Advice!

STIs can spread even when there are no symptoms. You can have an STI and not know it.

Having one STI increases your risk of catching another.

There are places you can find out more about these and other STIs—for example, your school nurse, a public health nurse, your doctor, or Planned Parenthood. Don't be afraid to ask. They expect questions and are there to answer them.

Check it Out!

If you think you should be tested for HIV/AIDS, but are worried about someone finding out, you can get anonymous testing. This means that you can get an HIV test without giving your name.

Right now, there is only one anonymous testing clinic in Nova Scotia, at the Planned Parenthood Metro Clinic in Halifax. Just call 455-9656 and make an appointment using only your first name. No one will ask your full name.

The address is listed in the Useful Information section of this book.

THE BOTTOM LINE

If you have any reason to think you might have been exposed to an STI, you need to get tested. Early treatment can make a big difference.

You can get an STI from the body fluids of any person who has a sexually transmitted infection. Body fluids include semen, vaginal secretions, blood, and sometimes saliva.

You can also get some STIs from skin-to-skin contact with an infected person, even when they have no sores or other symptoms. Anyone can have an STI and not know it.

Some sexual activities have higher risks for STIs. You'll find information on high- and low-risk sexual activities on page 14–15.

Safer sex can reduce your risk of getting an STI.

- Use a condom every time you have vaginal or anal sex.
- Use a condom or oral dam every time you have oral sex.
- Stick with low-risk sexual activities where no body fluids are exchanged.

What's an oral dam?

An oral dam is a thin sheet of latex. It covers the vagina or anus during oral sex to block contact with sores, infected areas, or body fluids.

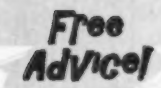
To make an oral dam, unroll a non-lubricated condom, cut off the tip and cut up one side.

Like a condom, an oral dam can be used only once.

You can get STIs from sharing sex toys.

THE BOTTOM LINE

Not having sex is one way to avoid STI's. If you have sex, using a condom or oral dam every time is the most important thing you can do to protect yourself from STIs.



Don't know how to get condoms and oral dams?

In many communities there are places where you can get inexpensive or free condoms and oral dams.

For example:

- Planned Parenthood
- Youth health centres
- Community AIDS prevention groups

You can find out how to contact youth health centres and community AIDS groups from any Public Health Office. You'll find contact information for Planned Parenthood and for Public Health Offices in the "Where to go for more info" section of this book.

Be prepared!

Carry condoms and oral dams with you. If you don't need them, a friend might.

Protect Yourself in Long-Term Relationships

It's important to protect yourself and your partner from STIs even when you are in a long-term relationship and having sex with one person.

People sometimes think that they need condoms or oral dams only when they are in a new relationship or are having sex with more than one partner.

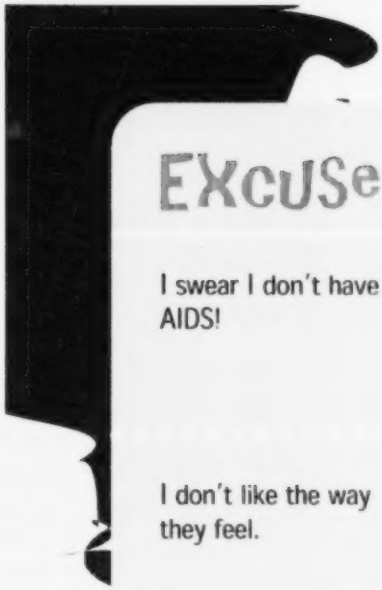
The truth is that, over time, many people have steady relationships with more than one sexual partner. And any one of these partners could have an STI and not know it or not tell you about it.

Protect yourself,
your partner, and your future.
Use a condom or oral dam
every time.

Breaking up and making up can be risky times for STIs. If either of you have sex with a new partner—even once—it puts you both at risk for STIs. When getting back together, always have STI and HIV tests.

Good answers to excuses for not using condoms or oral dams

Excuse	Answer
I don't have one with me.	Too bad. I'll bring some next time, but for now, no condom, no sex.
Don't you trust me?	This isn't about trust. It's about being safe. Either of us could have an STI and not know it. We should both get tested.
But you're on the pill!	The pill prevents pregnancy. Condoms prevent STI. We're going to use both!



Excuse	Answer
I swear I don't have AIDS!	Nobody knows for sure that they don't have an STI. We could both have one.
I don't like the way they feel.	I feel better when I'm relaxed, and I'm a lot more relaxed when I'm not worried about getting an STI!
C'mon, just this once.	Once is all it takes. It's too risky without protection.
It spoils the mood.	Condoms don't spoil the mood, but getting pregnant or catching an STI sure would!
I'll pull out in time!	That won't protect us from STIs or pregnancy!

No matter what your partner says, you can always just say:

"I'm a person who uses condoms."

Reducing the Risk of Cervical Cancer

Cancer of the cervix is a serious condition that all girls and women need to be aware of. The good news is that a Pap Test can detect changes in the cervix before they become cancer. When detected early, these changes can be treated and cured.

The risk for developing cervical cancer is increased by:

- Having the Human Papilloma Virus (HPV)

There are many strains of HPV. Some cause genital warts, others cause changes in the cells of the cervix that may lead to cancer. HPV is passed from person to person through sexual contact.

- Having sex before the age of 18

Because the cells in the cervix are not fully developed, they are more vulnerable to damage by HPV, the virus linked to causing cervical cancer. This increases the chances of developing abnormal changes in your cervix.

- **Having unprotected sex**

Having sex without a condom or oral dam increases the risk for all types of sexually transmitted infection, including HPV.

- **Having more than one sexual partner**

The more sexual partners, the greater the risk of contracting STIs, including HPV.

- **Smoking**

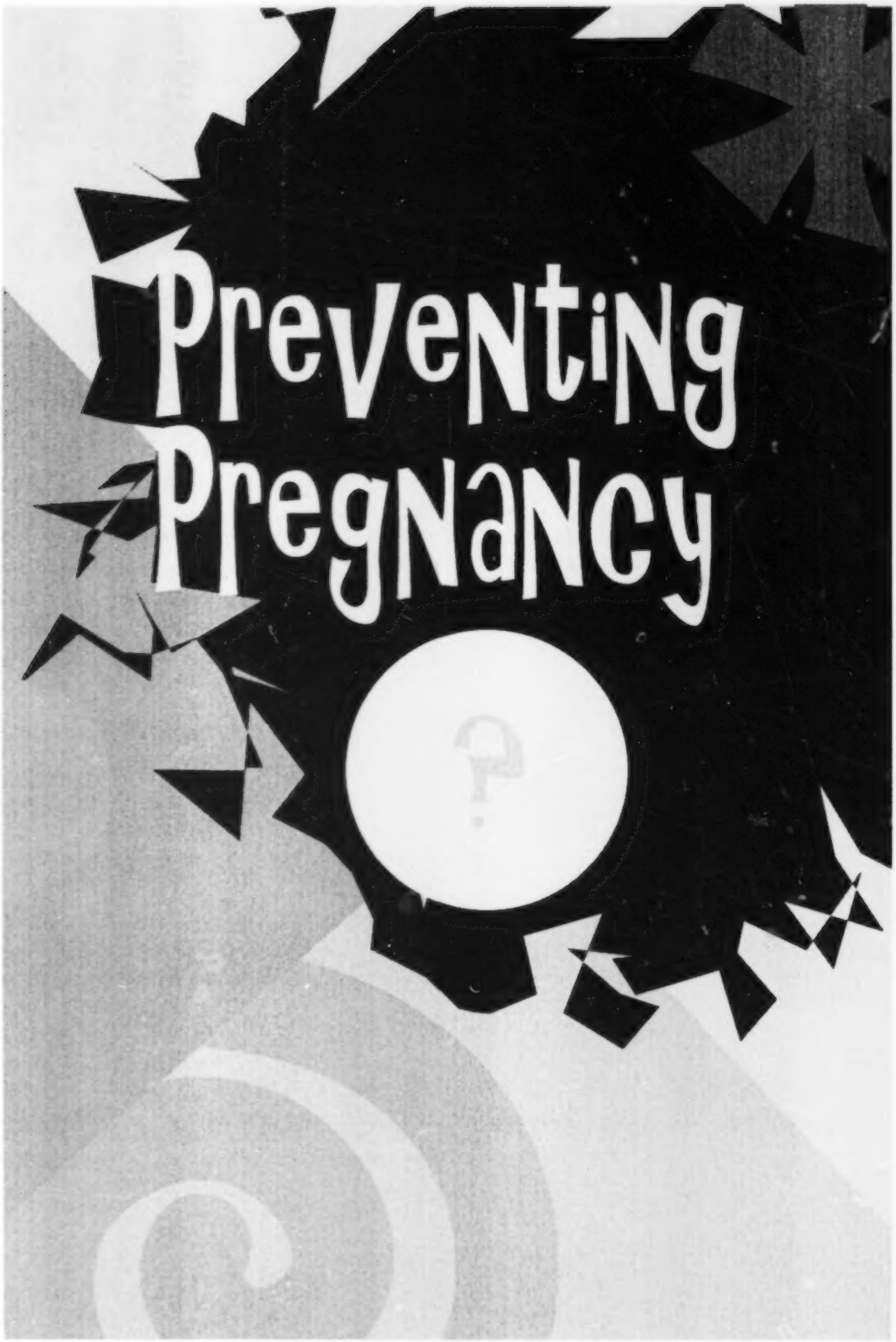
Smoking has been proven to cause lung cancer and is also linked to cancer of the cervix. Chemicals from cigarettes travel in the bloodstream and have shown up in the Pap tests of smokers. These chemicals can trigger abnormal changes in a cervix that is not yet fully developed.

- **Not having regular Pap Tests**

This is the biggest risk factor for developing cervical cancer. If changes aren't detected, abnormal cells may become cancerous and eventually spread to other parts of the body.

THE BOTTOM LINE

Once a girl starts having sex, or when she reaches the age of 18, she needs a Pap Test once a year to check for changes in cervical cells before they become cancerous.


Preventing
Pregnancy

How Pregnancy Happens

Males produce sperm, more or less constantly. Every time a male ejaculates (or comes), the semen that's released contains about 500 million sperm.

Every month, one of a female's ovaries releases an egg. The egg travels down one of her Fallopian tubes toward her uterus.

An egg and a sperm have to join for pregnancy to occur. This is called fertilization. Usually, the egg and sperm join in one of the Fallopian tubes. If the egg isn't fertilized, it leaves the female's body, and she has her period. If the egg is fertilized, it moves down the Fallopian tube to the uterus.

Pregnancy occurs when the fertilized egg attaches itself to the wall of the uterus.

Quotes From Teens

"Always protect yourself when having sex. Pregnancies can happen anytime."

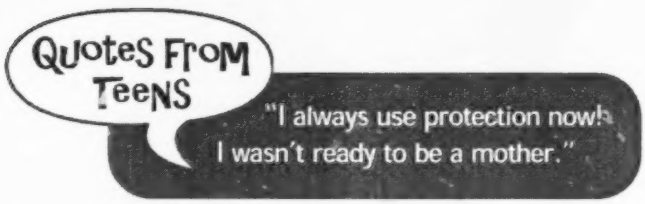
HELP!

My period is late. I think I might be pregnant!

If you are sexually active and your period is 5–7 days late you might be pregnant and should have a pregnancy test.

You can buy a pregnancy test kit at any drugstore and test your urine at home. A pregnancy test is easy—just follow the directions on the package. Or you can make an appointment with your family doctor or Planned Parenthood for a pregnancy test.

If you are pregnant, you need to see a doctor as soon as possible.



Unplanned pregnancy affects both partners

If your partner gets pregnant she has to make some difficult decisions—Adoption? Raising the baby? Abortion?

If your partner gets pregnant, you can support her by:

- Listening to her and talking with her about how you feel
- Offering to go with her to appointments—for example, doctor, counsellor, etc.
- Standing by her whatever she decides to do
- Getting more information. Check out the websites and the contact information in the back of this book

Support your partner's decision and find support for yourself.

Birth Control: Avoiding Pregnancy

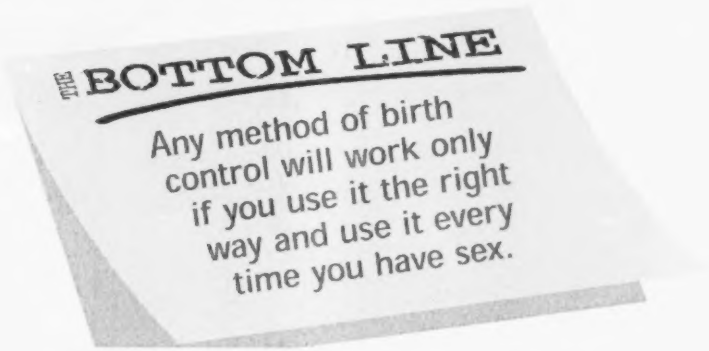
It can be surprisingly easy to get pregnant.

For every 100 couples who have sex at least twice a month without using birth control, 85 pregnancies will occur within a year.

Not having sexual intercourse is the only sure way to avoid pregnancy. But birth control is very effective and can greatly reduce your chances of getting pregnant.

Condoms—male and female—are the only methods of birth control that can also help protect you from STIs.

But condoms don't give total protection. They only protect the part of the genital area that they cover. Some STIs—like herpes or the human papilloma virus—can still be spread by skin-to-skin contact with the uncovered parts of the genital area.



If a male and female have sex, a pregnancy can happen:

- The first time they have sex

True False

- No matter what position they have sex in

True False

- During the woman's period

True False

- Even if he pulls out of her vagina before he ejaculates

True False

- Even if he doesn't put his penis inside, but ejaculates near her vagina

True False

ALL TRUE! The only way to avoid pregnancy is to not have sex or to use a reliable method of birth control every time you have sex.

What Kind of Birth Control Will Work For Me?

The important thing is to choose a birth control method that you will be comfortable using every time you have sex. The questions in this section can help you make a choice. Think carefully and be honest with yourself when you answer.

In Canada, the birth control methods young people choose most often are the condom and the birth control pill.

Do my partner and I agree about birth control?

Any method of birth control works best when both of you agree about what you'll do. Being able to talk about these issues is part of a healthy relationship.

Is this method safe for me?

Do you have any health problems that would make a particular method risky for you? There are health problems that make it risky for some women to use the birth control pill. Some people are allergic to spermicides or to the latex in condoms.

How effective is it?

Some methods of birth control are more effective than others. For example, spermicide is between 74% and 94% effective in preventing pregnancy. The pill is between 92% and 99.9% effective. Any method is effective only if you use it the right way and use it every time you have sex.

Can I afford it?

Some methods cost more than others. Depo-Provera shots cost about $30-$50 every 12 weeks. Male condoms cost between $8 and $13 for a box of 12.

Can I get it where I live?

Some methods are available everywhere. You can get condoms and spermicides without a prescription in any drug store.

Is this method easy and convenient for me to use?

A male condom needs to be put on right before sex. A female condom or sponge can be inserted hours ahead of time. Which would be easier and more convenient for you?

Will I feel embarrassed using this method? Will my partner be embarrassed?

Some methods of birth control are used while you're having sex. If this would embarrass you, choose birth control that is always in place or can be inserted in advance.

Does it fit with my culture and religious beliefs?

A method that goes against your cultural or religious beliefs will probably feel "wrong" to you, and you'll be less likely to feel comfortable using it.

Quotes From Teens

"I just want people to be aware of what is out there and what is going on and not feel afraid or ashamed to talk or ashamed to buy the condom or something. Because I think somebody should feel proud ... if they're going to be sexually active, to take care of themselves and do it the right way."

Free Advice!

There are lots of kinds of birth control. It's not always easy to figure out what will work best for you. It can be a big help to talk it over with someone who knows the pros and cons of all the methods, like a nurse, doctor, or counsellor.

THE BOTTOM LINE

Even if you use another method of birth control, you will still need to use a male or female condom to protect yourself and your partner from STIs.

Emergency Contraception

If you have had sex without using birth control you can still prevent pregnancy by taking ECP—Emergency Contraceptive Pills or Morning After Pills.

Even if you use birth control, accidents can happen—for example, condoms can break, or you or your partner might miss several birth control pills.

- ECP prevent pregnancy. If you are already pregnant, they will not cause a miscarriage or hurt the baby.
- ECP work best if you take them within 3 days (72 hours) after having intercourse without birth control. ECP might still work as long as 5—7 days after intercourse, but the sooner you take them, the more effective they are.
- ECP are available from some clinics, doctors' offices, and emergency rooms.

You do not need your parents' permission to get ECP.

To find out where to get ECP call toll-free:

1-866-373-7732

ECP will not protect you from STIs.
You should still go to a doctor or clinic for an STI test even if you take ECP.

"Don't worry, I'll pull out in time."

Don't believe this line!

"Pulling out" will not prevent either pregnancy or STIs.

- You can get an STI from contact with a penis before ejaculation.
- You can get pregnant from the fluid released from the penis before ejaculation.
- You can get pregnant even if semen is near the vagina and not in it.

So if he says, "I'll pull out," tell him to pull on a condom or no deal!

Birth Control Methods

- Male Condom
- Female Condom
- Birth Control Pill (The Pill)
- Depo-Provera (The Needle)
- Spermicide
- Sponge
- Diaphragm and Cervical Cap
- The Patch

This is a very brief introduction to some common methods of birth control.

How well any method of birth control works depends on how carefully you use it. In this section you'll find two rates to show how well each birth control method prevents pregnancy.

- The first shows how well a method works when you follow the directions exactly and use it every time you have sex.
- The second shows how effective the method is likely to be if you **don't** follow the directions carefully or **don't** use it every time. In this case, birth control will not work as well and you will be more likely to get an STI or an unplanned pregnancy.

You can get more information about any method of birth control from a youth health centre, a doctor, Planned Parenthood, your school nurse, or a public health nurse.

You do **not** need your parents' permission, and you do **not** need to be a certain age to visit a doctor or a clinic or to use birth control.

Whatever method of birth control you choose,
READ THE DIRECTIONS CAREFULLY!
Every brand is a little bit different.

MALE CONDOM

A condom is a thin cover worn over the penis during sex. Condoms prevent pregnancy by blocking sperm from entering the vagina.

PROS

- **Condoms made from latex or polyurethane are the only form of birth control that can protect you from STIs.**
- **Condoms are fairly cheap and easy to get.** You can buy condoms at any drugstore or grocery store. Condoms cost about $8–$13 for a box of 12.

CONS

- **Some people are allergic to latex condoms** or to the spermicide in some condoms. If you or your partner notice any burning, itching, or swelling after using a condom, you may be allergic. Try using condoms made of polyurethane or condoms with no spermicide.

Condoms have a "best before" date. Check the expiration date on the package. If the date has expired, the condom is more likely to break or tear.

Condoms don't give total protection. They only protect the part of the genital area that they cover. Some STIs—like herpes or the human papilloma virus—can still be spread by skin-to-skin contact with the uncovered parts of the genital area, even if you can't see any sores or warts.

Do **condoms** work?

Used the right way and used every time:
97% effective

Not used the right way or not used every time:
86% effective

- **Condoms come in different sizes and there are many brands.** You may need to try out several different kinds before you find one that fits well and feels good. It's a good idea to practise putting condoms on before you need to use one for real!
- **Lubricants can help make condoms feel more natural and comfortable.** Only water-based lubricants—like Astroglide—are safe to use with latex condoms. Oil-based lubricants—like petroleum jelly—will damage the condom very quickly.
- **Condoms need to be stored in a cool, dry place.** Your wallet is too warm. Your glove compartment isn't a good storage place either—it's sometimes too hot and other times too cold! Store condoms at room temperature. Carry them in a purse, outside pocket, or backpack.

If possible, use condoms that don't contain nonoxynol-9. N-9 is a spermicide that can irritate the vagina or anus, which can increase the risk of getting an STI.

MALE CONDOM

How to put a condom on

Put the condom on your penis as soon as it gets hard and BEFORE it touches your partner's body.

1. Check the expiry date. Open the package carefully. Handle the condom gently so you don't puncture or tear it.
2. Leave about 1 cm (1/2 inch) of space at the tip of the condom to hold the semen and help keep the condom from breaking. You can put a drop of water-based lubricant in the tip to make it more comfortable.
3. Place the condom on the head of the penis. Squeeze the tip of the condom to make sure that no air is trapped and unroll the condom all the way down the shaft.

How to take a condom off

1. **While your penis is still hard**, hold the condom at the base and slowly pull your penis out of your partner's body.
2. Move completely away from your partner before taking the condom off your penis.
3. Hold the base of your penis and slide the condom off. Be careful to keep all of the semen inside.
4. Wrap the used condom in a tissue and put it into the garbage. Do not flush it down the toilet.
5. Wash your penis with soap and water. If you can't wash, don't have physical contact with your partner after removing the condom.

Use a new condom each time you have intercourse.

Guys— Not ready to be a father?

Of all the methods of preventing pregnancy, using a condom is the only one that **YOU** control.

Male and female condoms can't be used at the same time because they stick together. If you are using a male condom, you don't need a female condom. If you are using a female condom, you don't need a male condom.

FEMALE CONDOM

The female condom is a thin polyurethane pouch with a flexible ring at each end. You put the closed end of the condom into your vagina and the inside ring holds it in place. The ring at the open end of the condom rests on the vulva outside of your vagina.

The female condom stops sperm from entering your vagina.

PROS

- **Female condoms are easy to get.** You can buy female condoms at any drugstore. You don't need a prescription. A box of three costs about $13.
- Female condoms are a good choice if you are allergic to the latex in male condoms.
- You can insert a female condom up to 8 hours before you have sex.
- **Female condoms reduce your risk of getting STIs** as well as male condoms do, and they are less likely to break.

CONS

- When using it, you might need to help guide your partner's penis into the condom to be sure it doesn't slip around the side.
- You might need to put extra lubricant inside the condom or on the penis to make using the female condom more comfortable for both partners.

Do **female condoms** work?

Used the right way and used every time:
95% effective

Not used the right way or not used every time:
79% effective

Free Advice!

- **Female condoms can be tricky to put in.** Read the package directions and practise until you're sure you know how to put it in. Many women find it helpful to get advice and counselling on how to use the female condom. You can do this through a youth health centre or Planned Parenthood.

- **Female condoms are not reusable.** Use a new one each time you have intercourse. After you take one out, throw it away.

- **Male and female condoms can't be used at the same time** because they stick together. If you are using a male condom, you don't need a female condom. If you are using a female condom, you don't need a male condom.

BIRTH CONTROL PILL (THE PILL)

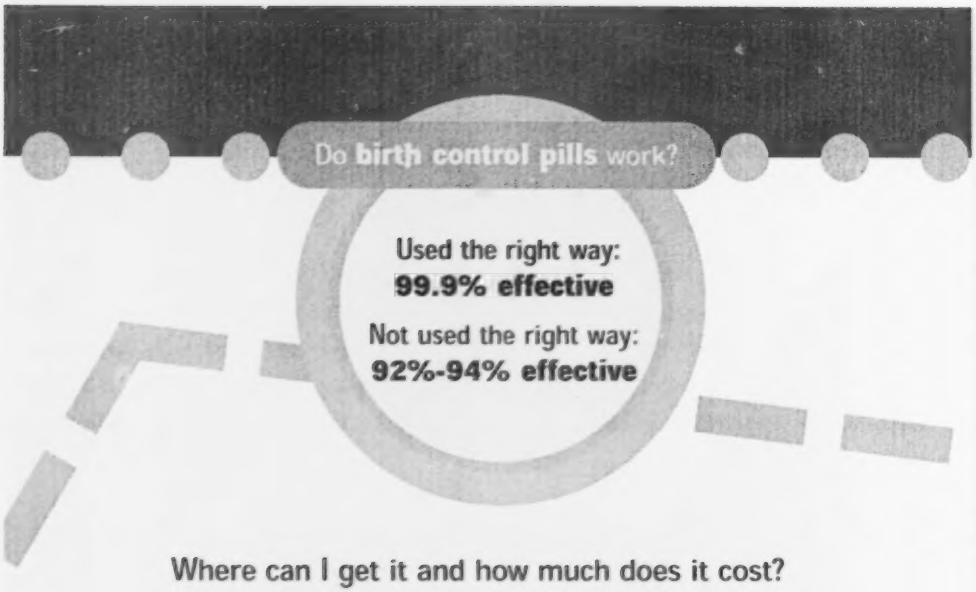
The birth control pill (also known as an oral contraceptive) is a combination of the hormones estrogen and progestin. It prevents pregnancy by stopping your ovaries from releasing eggs.

PROS

- The pill gives you very effective, non-stop protection from pregnancy.
- Taking the pill can make your periods shorter, lighter, less crampy, and more regular.

CONS

- **The pill will not protect you or your partner from STIs.** You still need a male or female condom even though you are on the pill.
- **Birth control pills work only if you follow the directions exactly.** The pill's effectiveness depends on keeping a steady supply of hormones in your body. Anything that upsets the hormone supply can make the pill less effective. This includes missing a pill or taking some kinds of medications.
- **Some women have side effects,** like headaches, moodiness, nausea, sore breasts, or irregular bleeding. These side effects are usually mild and improve with time.



Where can I get it and how much does it cost?
With a prescription, you can get birth control pills from any drugstore. They cost around $25–$35 for a month's supply. You can also get birth control pills from the Planned Parenthood Metro Clinic (Halifax) for about $10 for a month's supply.

Help!! I forgot my pill!

Read the directions that come with your pills. That will tell you what to do to get back on track. You could also call a pharmacist or your doctor for information.

In the meantime: Don't have sex OR be sure to use a backup method of birth control anytime you have vaginal sex for at least 7 days after you miss a pill.

If you have had unprotected sex during a time when you have forgotten to take your pills, you may be at risk of getting pregnant. You need to consider emergency contraception. See page 68 for more info on ECP.

DEPO-PROVERA
(The Needle)

Depo-Provera is a hormone injection given once every 12 weeks. You must get another needle every 12 weeks to stay protected.

Depo-Provera stops the ovaries from releasing an egg each month.

Pros

- One injection will give you continuous, extremely effective birth control for 12 weeks.
- You don't have to think about birth control between needles.

Cons

- **Depo-Provera does not protect you from STIs.** You'll still need to use a male or female condom.
- **You might have side effects** like depression or weight gain or loss.

  Irregular bleeding is common in the first few months of using Depo-Provera. After 1 year of use, about half of all women will stop having periods. Your periods will gradually start again when you stop using Depo-Provera.

Does **Depo-Provera** work?

Used the right way:
99.7% effective

Not used the right way:
97% effective

Where can I get it and how much does it cost?

You can get Depo-Provera at your doctor's office or health clinic. Each injection costs about $30–$50. The Planned Parenthood Metro Clinic (Halifax) gives Depo shots for $30.

HELP! I missed my needle!

If you are late for your injection, your protection against pregnancy is decreased. Use a back-up method of birth control until you get your shot.

If you are more than 2 weeks late for your injection, and are sexually active, you may have to have a pregnancy test before your next needle.

If you've had unprotected sex during a time when you have forgotten to get your needle, you may be at risk of getting pregnant. You need to consider emergency contraception. See page 68 for more information on ECP.

SPERMICIDE

A spermicide is a chemical that kills sperm. Spermicides come in many forms—foams, creams, films, suppositories, gels, and tablets. Most spermicides are put into the vagina right before sex.

PROS

- **Spermicides are fairly cheap and easy to get.** You can get them without a prescription at any drugstore or supermarket. They cost between $9 and $15 per package.

CONS

- Spermicides must be left in place for at least 6 to 8 hours after you have sex. This means that you should not douche or have a bath for at least 6 to 8 hours after you have sex. (You can wash the outside of your pubic area.)
- If you have sex more than once in a single night, you need to put in more spermicide before each act of intercourse.
- **Spermicides will not protect you from STIs.** Your partner will still need to use a condom.
- **Some people are allergic to spermicides.** If you or your partner notice any itching, swelling, or burning after using a spermicide, go to a doctor or health clinic to get advice on finding another birth control method or another brand of spermicide.

Do **spermicides** work?

Used the right way
and used every time:
94% effective

Not used the right way or
not used every time:
74% effective

There are many kinds of
spermicide on the market.
Every brand is a little different.

Read the directions carefully!

**If possible, use spermicides that
don't contain nonoxynol-9.**
N-9 can irritate the vagina,
which can increase the risk
of getting an STI.

SPONGE

The sponge is made of soft polyurethane foam. It is about 5 cm (2 inches) across and contains spermicide. You insert the sponge into the vagina before sex. The sponge blocks the sperm, and the spermicide kills them.

PROS

- **You can insert the sponge in advance.** The sponge will work for 12 hours and must be left in place for 6 hours after intercourse. This means that you can insert the sponge up to 6 hours before you have sex.
- **You can have sex more than once after inserting a sponge,** but the sponge must stay in for 6 hours after the **last time** you have sex.

CONS

- **Some people are allergic to the spermicide in the sponge.** If you or your partner notice any burning, itching, or swelling after using the sponge, try another method of birth control.
- **A sponge can become dislodged during sex.** Read the package directions carefully so you'll know how to put it in correctly and how to check to be sure it stays in place.
- **A sponge will not protect you from STIs.** Your partner should still use a condom.

Does the **sponge** work?

Used the right way and used every time:
89%-91% effective

Not used the right way or not used every time:
84%-87% effective

Where can I get it and how much does it cost?

You can get the sponge at any drugstore. You don't need a prescription. The cost is about $10–$15 for three or four sponges.

Sponges are not reusable!
After you take one out, throw it away.

DIAPHRAGM & CERVICAL CAP

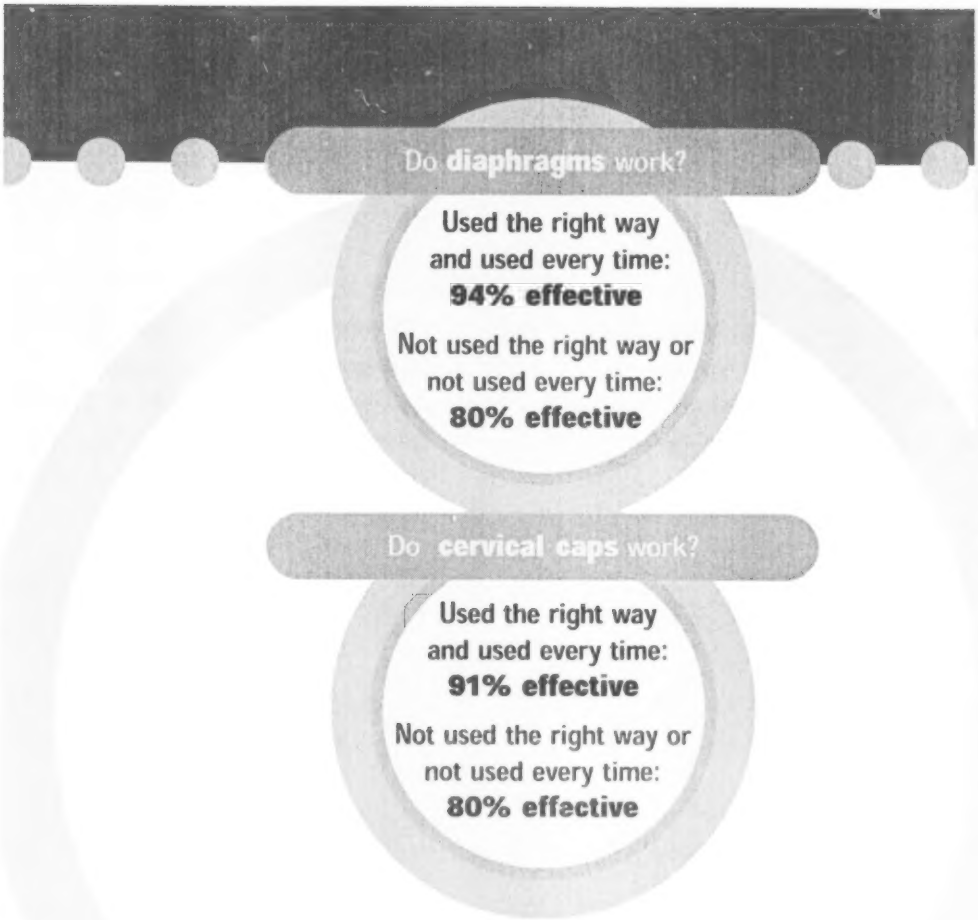
The diaphragm and the cervical cap are soft latex barriers that block sperm from entering the cervix. Both are always used with spermicidal jelly. You insert the diaphragm or the cervical cap into the vagina before sex.

Pros

- You can insert a diaphragm or cervical cap as long as 6 hours before you have sex. Both must be left in place for 6 to 8 hours after having sex.
- Both the diaphragm and the cervical cap are affordable and reusable.

Cons

- **A diaphragm or cervical cap will not protect you from STIs.** Your partner should still use a condom.
- **Some people are allergic to spermicides.** See a doctor if you or your partner notice any itching, swelling, or burning


Do diaphragms work?
Used the right way and used every time:
94% effective
Not used the right way or not used every time:
80% effective
Do cervical caps work?
Used the right way and used every time:
91% effective
Not used the right way or not used every time:
80% effective

Where can I get it and how much does it cost?

You'll need to go to a doctor or clinic where you'll be fitted for a diaphragm or cervical cap and given a prescription. With the prescription, you can get a diaphragm or a cervical cap at any drugstore. The diaphragm costs about $45–$65. The cervical cap costs about $75. You will also need to buy spermicidal jelly to use with the diaphragm or cervical cap.

Free Advice! You'll need to practise a few times to learn how to properly insert a diaphragm or a cervical cap. You won't feel either one of them when it is inserted correctly.

THE PATCH

The patch is about the size of a matchbook and sticks to your skin. You can attach it to your abdomen, buttocks, upper arm, or anywhere on the front or back of your torso, except for your breasts. It will not wash off or come off while swimming.

You put on a new patch each week for three weeks and then use no patch for the fourth week. Each patch is left in place for one week.

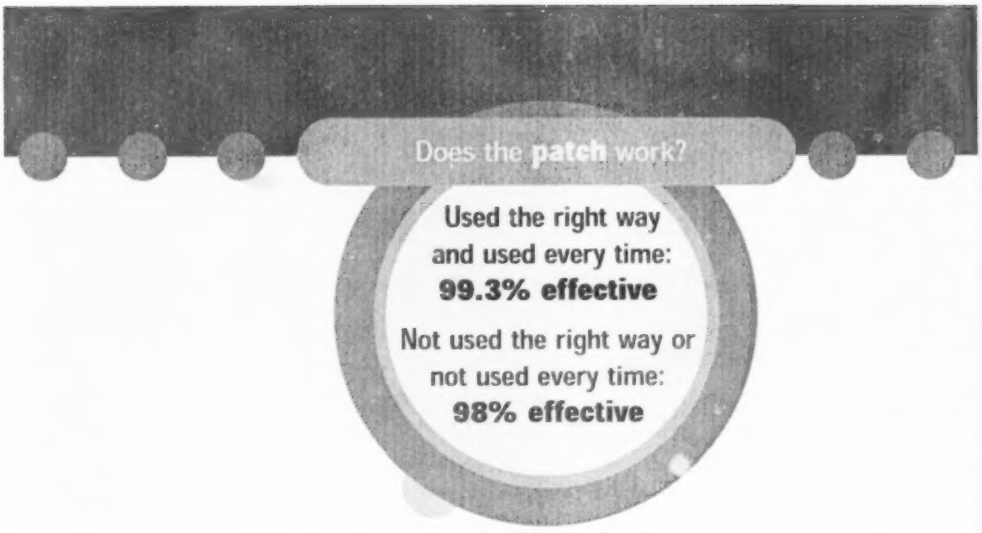
The patch prevents pregnancy in the same way the pill does. It contains estrogen and progestin that are absorbed through the skin. This stops the ovaries from releasing an egg.

PROS

- The patch provides excellent, continuous protection from unintended pregnancy.
- You don't have to remember to take a pill every day. You only need to think about birth control once a week.

CONS

- **The patch does not protect you from STIs.** You will still need to use a male or female condom.
- You may have side effects, including headaches, menstrual cramps, nausea, or breast tenderness.


Does the patch work?
Used the right way and used every time:
99.3% effective
Not used the right way or not used every time:
98% effective

Where can I get it and how much does it cost?

With a prescription, you can get the patch at any drugstore. It costs about $35 to $40 a month. You can get the patch at the Planned Parenthood Metro Clinic (Halifax) for about $20 for a months supply.

1
More
THiNG

Sexuality

Just Sex

Sexuality is part of everyone's personality and everyone's life. It is a basic need and a part of being human. Sexuality includes everything in your daily life that makes you a sexual person—your gender, body, mind, spirit, and emotions.

Sexuality is about more than what you do. It's about who you are and how you feel about yourself and your relationships with other people.

Sexuality is about what feels right to you. It's not about living up to someone else's ideal or image. Your differences make you unique. They make you special.

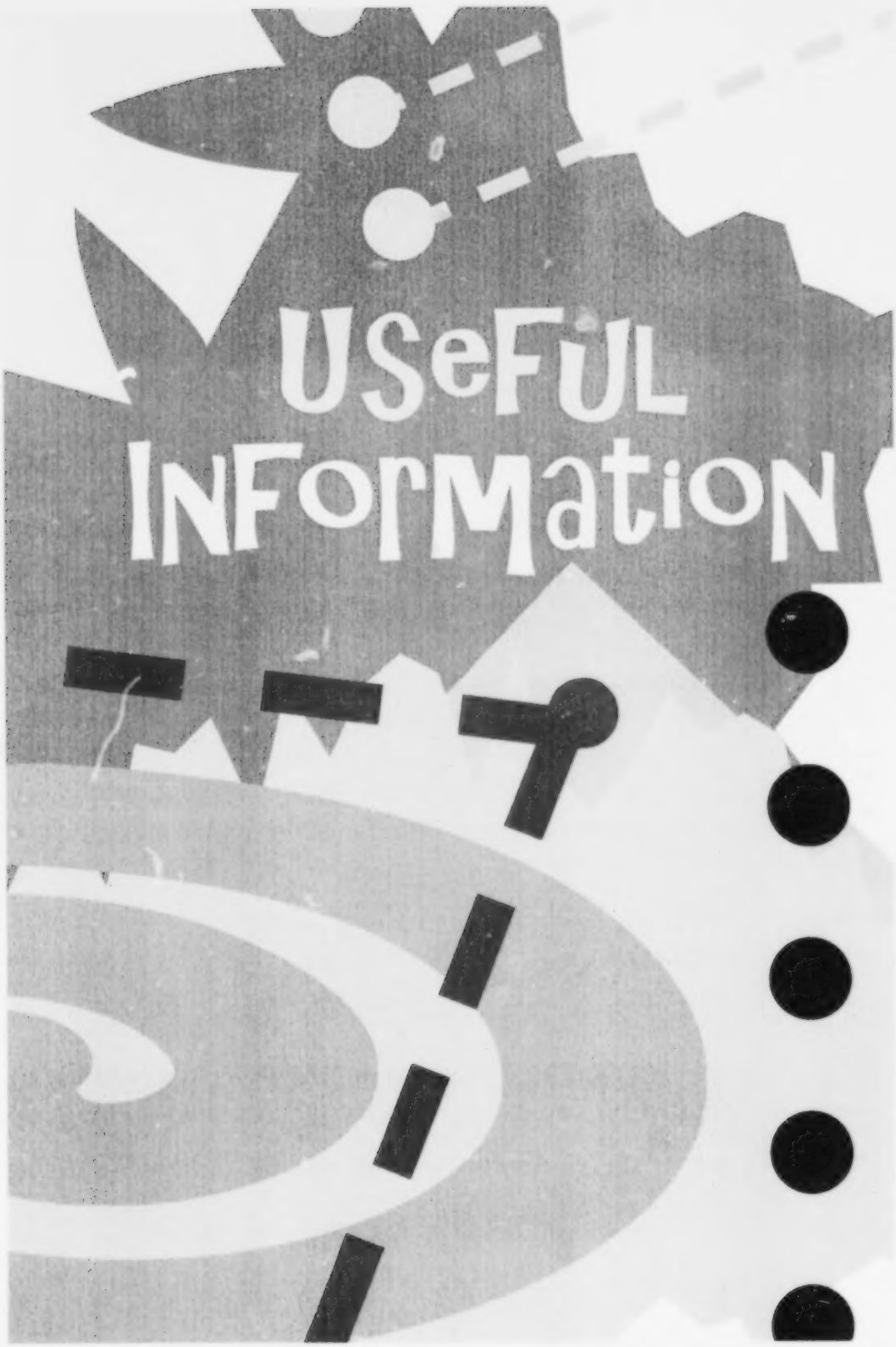
Your sexuality develops over time and will change as you grow and have new experiences. So what feels right to you will change, too.

You matter. Take care of yourself, think about what is right for you, and enjoy your developing sexuality.

Quotes From Teens

"People need to know that it's okay to talk about these things."

"Sex is a lot more complicated than some people might think."


USEFUL
INFORMATION

Words to Know

Abstinence: Choosing not to have any kind of sexual activity that leads to an exchange of body fluids. This includes oral sex, vaginal sex, anal sex, and any activity that involves skin-to-skin contact in the genital area.

AIDS: Stands for acquired immune deficiency syndrome, an incurable sexually transmitted infection that is fatal.

Anal sex, anal intercourse: A form of sexual intercourse in which one person's penis enters another person's anus. Unprotected anal intercourse is the sexual activity with the highest risk for sexually transmitted infections.

Bisexual: A person who is emotionally and sexually attracted to both men and women. Bisexuals are not always equally attracted to each gender.

Cervical mucus: Clear, sticky fluid that is produced naturally by the cervix.

Circumcision: The surgical removal of the foreskin—the loose skin covering the tip of the penis.

Criminal offence: An offence under the Criminal Code of Canada.

Come: A slang word for both male and female orgasm.

Cum: A slang word that is used to describe the semen released when males ejaculate.

Discharge: Any fluid, mucus or other substance that is released from your body. A discharge from the vagina or penis can be a symptom of a sexually transmitted infection.

Ejaculation: What happens when a male has an orgasm. Semen, the milky liquid that contains the sperm, is released from the penis.

Erection: What happens when a male is sexually aroused. An erection occurs when blood rushes into the penis and it becomes erect—larger and harder.

Gay: A slang word for homosexual men. "Gay" can also refer to or include lesbians.

Heterosexual: A person who is emotionally and sexually attracted to people of the opposite sex.

Homosexual: A person who is emotionally and sexually attracted to people of the same sex.

HIV: Stands for human immunodeficiency virus, the virus that causes AIDS.

Hymen: A thin membrane that covers the opening of the vagina. For most girls, this is broken or stretched during normal physical activity, long before they have sexual intercourse. However, if it isn't already stretched or broken, it may be torn during first intercourse and may bleed a little.

Hysterectomy: Surgical removal of the uterus.

Lesbian: A female who is emotionally and sexually attracted to other women.

Lubricant: A thick liquid or gel that is used inside or outside male and female condoms and oral dams to make sex more comfortable and enjoyable for both partners. It's important to use only water-based lubricants—like Astroglide or K-Y Jelly—because oil-based lubricants can very quickly break down the latex used in condoms.

Masturbation: Touching, rubbing or squeezing the genital area, penis, or clitoris for sexual pleasure. Masturbation can be done alone or with a partner. Mutual masturbation is when two people masturbate each other.

Oral sex: A form of sexual activity where the mouth and tongue stimulate the genital or anal area.

Orgasm: An intense sensation that happens at the peak of sexual arousal for both males and females. This is sometimes called "climax." Males and females don't usually reach orgasm together during intercourse. Males usually ejaculate during orgasm. Some females also release a fluid during orgasm.

Pap Test: A test to check for changes in the cells of a woman's cervix that could be an early sign of cancer. Once you start having sex, or when you reach the age of 18, you must have a Pap Test once a year. From then on, you must have a Pap Test every year even if you are no longer having sex.

Pelvic Inflammatory Disease (PID): An infection of a woman's inner reproductive organs. PID can be very painful and lead to infertility.

Respect: Valuing people for who they are, and treating them fairly and equally.

Self-esteem: A feeling of pride, confidence, and satisfaction in yourself—the feeling that you are worthy of respect.

Self-respect: Valuing yourself as a person and as an individual and feeling proud of who you are and what you do.

Semen: A milky liquid containing sperm that is released through the urethra during ejaculation.

Sex toys: Things, like vibrators and dildos, that people might buy in a store and use during sex—with themselves or others.

Sterility: Being unable to reproduce. This is also called infertility. For women this means being unable to get pregnant. For men it means being unable to father a child.

Sterilization: Sterilization is a surgical procedure that makes a woman unable to get pregnant or a man unable to father a child. For males, sterilization surgery is called a vasectomy. For females, it's called a tubal ligation (getting your tubes tied).

Transgendered: People who feel that their gender identity conflicts with their sexual anatomy—that is a girl who feels like she ought to have been a boy or a boy who feels like he ought to have been a girl. People who are transgendered often choose to live the role of the opposite gender. Some have surgery to alter their physical bodies to match the gender they feel.

Unprotected sex: Sexual activity without using some form of birth control to prevent pregnancy and/or without using protection from STIs—like a male or female condom.

Vaginal sex, sexual intercourse: Sexual activity during which the penis enters the vagina.

The Female Body

1. **Anus:** The opening from which stool leaves the body during a bowel movement (BM).
2. **Bladder:** The organ that holds urine.
3. **Cervix:** The lower part of the uterus that extends into the vagina.
4. **Clitoris:** A sensitive, pea-sized organ that is right above the urethra. The clitoris gets a bit bigger and more sensitive when it's touched or when a girl has sexual thoughts or feelings. The clitoris plays an important part in sexual arousal and orgasm.
5. **Fallopian tubes:** Thin tubes that extend out on both sides of the uterus. The Fallopian tubes carry the eggs from the ovaries to the uterus. They are about 10 cm long.
6. **Labia:** The two folds of skin that cover the clitoris and the openings of the vagina and the urethra.
7. **Ovaries:** The two glands, one on each side of the uterus, that produce eggs. The ovaries also produce the hormones estrogen and progesterone.
8. **Urethra:** The tube through which urine leaves the body. The opening of the urethra is right below the clitoris.
9. **Uterus:** The muscular organ (also called the womb) in which a fertilized egg implants and a baby grows. When not pregnant, the uterus is about the size and shape of a pear (about 7.5 cm long).
10. **Vagina:** The passage that goes from the uterus to the outside of the body. The vagina is about 9 cm long.
11. **Vulva:** A woman's pubic area. The vulva includes the reproductive organs on the outside of the body—the clitoris, labia, and vaginal opening.

The Male Body

1. **Anus:** The opening from which stool leaves the body during a bowel movement (BM).
2. **Bladder:** The organ that holds urine.
3. **Foreskin:** The fold of skin covering the end of the penis.
4. **Penis:** The male sexual organ. Both semen and urine leave the body through the penis (but never at the same time!)
5. **Prostate gland:** A gland that adds fluid to sperm to make semen.
6. **Scrotum:** The sack of loose skin just behind the penis. The scrotum holds the testicles.
7. **Seminal vesicles:** Two small organs—one on each side of the prostate gland—that, with the prostate gland, add fluid to sperm to make semen.
8. **Testicles:** Two oval glands that hang inside the scrotum. (Testicles are usually a bit lopsided, with one hanging a little lower than the other.) The testicles produce sperm and the hormone testosterone.
9. **Urethra:** The tube that carries both urine and semen through the penis and out of the body.
10. **Vas deferens:** The tubes that carry sperm from the testicles to the prostate gland.

Where to Go For More INFo

Websites

There are hundreds of websites where you can get information about sexuality, relationships, birth control and STIs. Here are few good places to start.

www.gov.ns.ca/OHP
Nova Scotia Office of Health Promotion

www.sieccan.org
The Sex Information and Education Council of Canada

www.canadian-health-network.ca
Canadian Health Network

www.sexualityandu.ca
Society of Obstetricians and Gynecologists of Canada Youth Site

www.gov.ns.ca/health/PublicHealth
Nova Scotia Department of Health

Local Public Health Services Offices

You can get more information about healthy sexuality by contacting one of these offices and asking to speak with a public health nurse.

Amherst
18 South Albion Street
Phone: 667-3319 or
1-800-767-3319

Annapolis Royal
Annapolis Community
Health Centre
St. George Street
Phone: 532-2381

Antigonish
23 Bay Street
Phone: 863-2743

Arichat
1 Bay Street
Phone: 226-2944

Baddeck
30 Old Margaree Road
Phone: 295-2178

Barrington Passage
Causeway Shopping Plaza
Phone: 637-2430

Berwick
Western Kings Memorial
Health Centre
Orchard Street
Phone: 538-8782

Bridgewater
Suite 109, 215 Dominion Street
Phone: 543-0850

Canso
Eastern Memorial Hospital
Phone: 366-2925

Chester
Phone: 275-3581
(voice mail only)

Cheticamp
15102 Cabot Trail
Phone: 224-2410

Digby
Digby General Hospital
67 Warwick Street
Phone: 245-2557

Glace Bay
633 Main Street
Phone: 842-4050

Guysborough
Guysborough Hospital
Phone: 533-3502

Youth Health Centre
27 Green Street
(Chedabucto Place)
Phone: 533-2250

Halifax Regional Municipality
201 Brownlow Ave., Burnside
Phone: 481-5800

Head of Jeddore
Forest Hills Shopping Centre
Phone: 889-2143

Inverness
Inverness Consolidated Hospital
Phone: 258-1920

Liverpool
175 School Street
Phone: 354-5738

Lunenburg
14 High Street
Phone: 634-8730

Meteghan
Center Clare Health Centre
Phone: 645-2325

Middle Musquodoboit
492 Archibald Brook Road
Phone: 384-2370

Middleton
462 Main Street
Phone: 825-3385

Neil's Harbour
Buchanan Memorial
Community Health Centre
Phone: 336-2295

New Germany
#5246, Highway 10
Phone: 644-2710

New Glasgow
825 East River Road
Phone: 752-5151

New Waterford
New Waterford Hospital
Phone: 862-2204

Port Hawkesbury
708 Reeves Street
Phone: 625-1693

St Peter's
Phone: 1-888-272-0096
(Voice mail only)

Sheet Harbour
Eastern Shore
Memorial Hospital
Phone: 885-2470

Shelburne
Roseway Hospital
Phone: 875-2623

Sherbrooke
St. Mary's Hospital
Phone: 522-2212

Shubenacadie
5 Mill Village Road
Phone: 758-2050

Sydney
235 Townsend Street
Phone: 563-2400

Sydney Mines
7 Fraser Avenue
Phone: 736-6245

Truro
201 Willow Street
Phone: 893-5820

Windsor
Windsor Mall
264 Belmont Road
Phone: 798-2264

Wolfville
23 Earnscliffe Avenue
Phone: 542-6310

Yarmouth
60 Vancouver Street
Phone: 742-7141

Local Planned Parenthood Contacts

You can also get more information about sexuality and birth control by contacting the Planned Parenthood office closest to you.

- Cumberland County Family Planning—Amherst
  12 La Planche Street
  Phone: (902) 667-7500
  Website: www.cumberlandcounty.ppfc.info

- Planned Parenthood Cape Breton—Sydney
  150 Bentick Street
  Phone: (902) 539-5158
  Website: www.capebreton.ppfc.info

- Planned Parenthood Lunenburg County—Bridgewater
  12 Dominion Street
  Phone: (902) 543-1315
  Website: www.lunenburgcounty.ppfc.info

- Planned Parenthood Metro Clinic—Halifax
  201-6009 Quinpool Road
  Phone: (902) 455-9656
  Website: www.pphalifax.ca

- Planned Parenthood Pictou County—New Glasgow
  36 Riverside Street
  Phone: (902) 755-4647
  Website: www.pictoucounty.ppfc.info

- Planned Parenthood Sheet Harbour
  17 Behie Road
  Phone: (902) 885-2789
  Website: www.sheetharbour.ppfc.info

This booklet is the product of the advice, insight, experience, and support of many people. The Office of Health Promotion wishes to acknowledge and thank the following individuals for their commitment, energy, and dedication to providing youth in Nova Scotia with the information they need to make healthy sexual choices.

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- **Heather Christian**, Coordinator, Population Health, Office of Health Promotion & the Nova Scotia Department of Health
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- Planned Parenthood Metro Clinic (Halifax)
- Youth Representatives
- Gerry Brosky, M.D., CCFP, Dalhousie Family Medicine

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Focus Group Participants

The most valuable contributors to this book were the more than 500 students from the following schools, universities, and health centres who (with the support of their school administration) identified the key messages and provided expert review of the content and design of this book.

- Amherst Regional High School
- Canso Academy
- Dalhousie University
- Dartmouth High School
- Ellenvale Junior High School
- Flexible Learning and Education Centres
- Forest Heights Community School
- Hantsport School
- Inverness Education Centre
- J. L. Ilsley Teen Health Centre
- Malcolm Munroe Junior High School
- Memorial High School
- Metro Planned Parenthood
- Prince Andrew High School
- Ridgecliff Middle School
- Saint Mary's University
- St. Michael Junior High School
- Sir Robert Borden Junior High School
- South Queens Junior High School
- Thorburn Consolidated School
- Truro Junior High School
- West Kings High School
- Yarmouth Junior High School

Youth Contributors

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Reviewers

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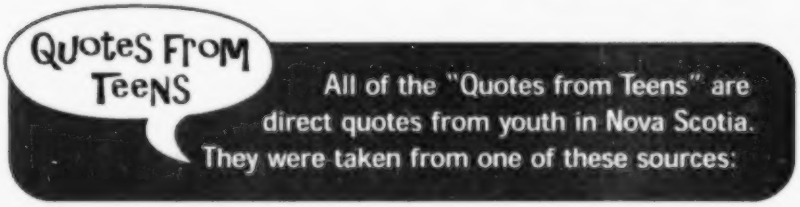
Quotes From Teens
All of the "Quotes from Teens" are direct quotes from youth in Nova Scotia. They were taken from one of these sources:

- Students participating in the focus groups that tested this booklet.
- So Many Bricks in the Wall: Developing Understanding from Young Women's Experiences with Sexual Health Services and Education in Amherst, Nova Scotia. D. Langille, J. Graham & E. Marshall. Maritime Centre of Excellence for Women's Health, June 1999.
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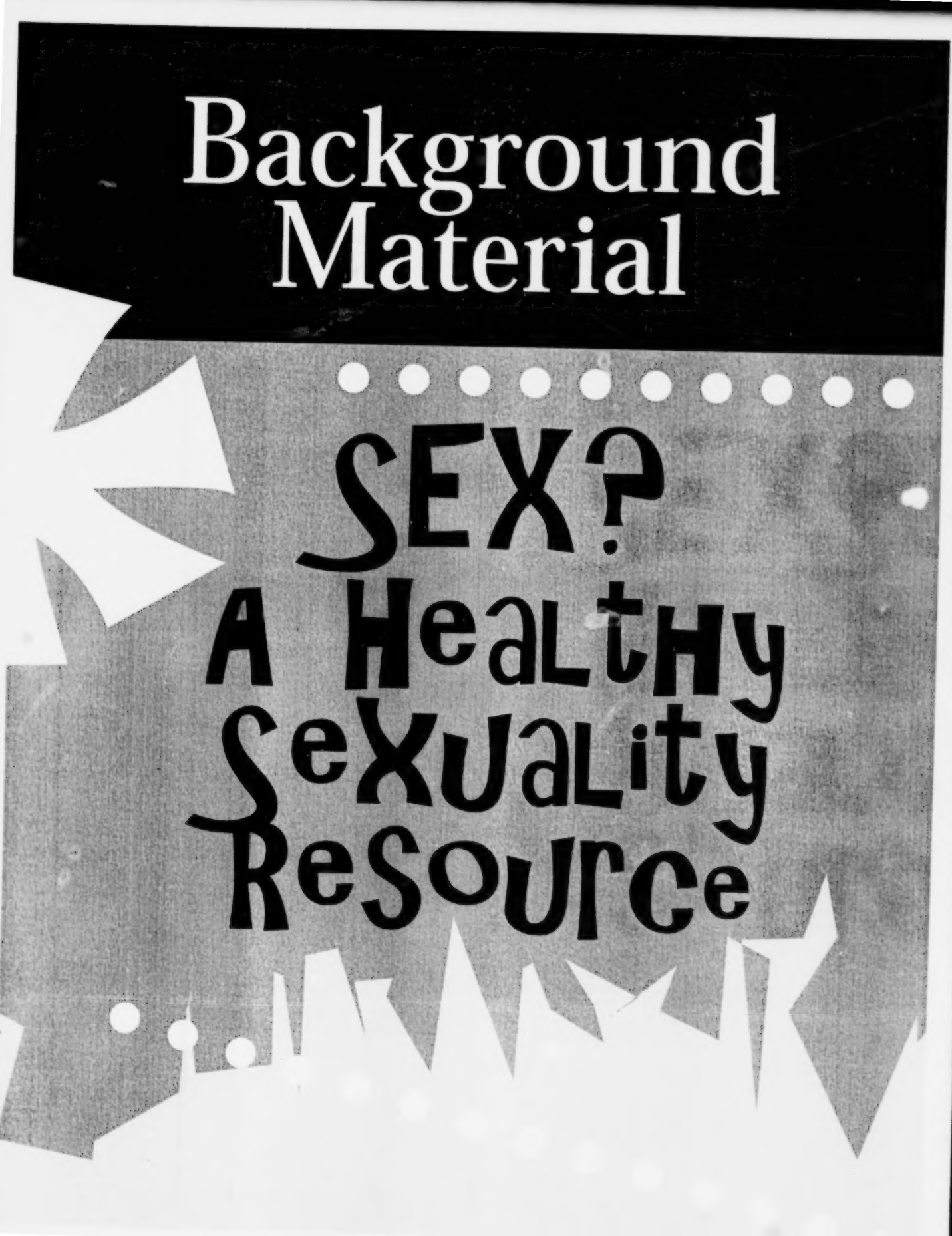
Background Material



Background Material

SEX?—A Healthy Sexuality Resource

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Background Material

SEX?—A Healthy Sexuality Resource

The information contained in this book is up-to-date as of the date of printing. This book is not a substitute for the advice of a health professional. Always consult a health professional for information on personal health matters.

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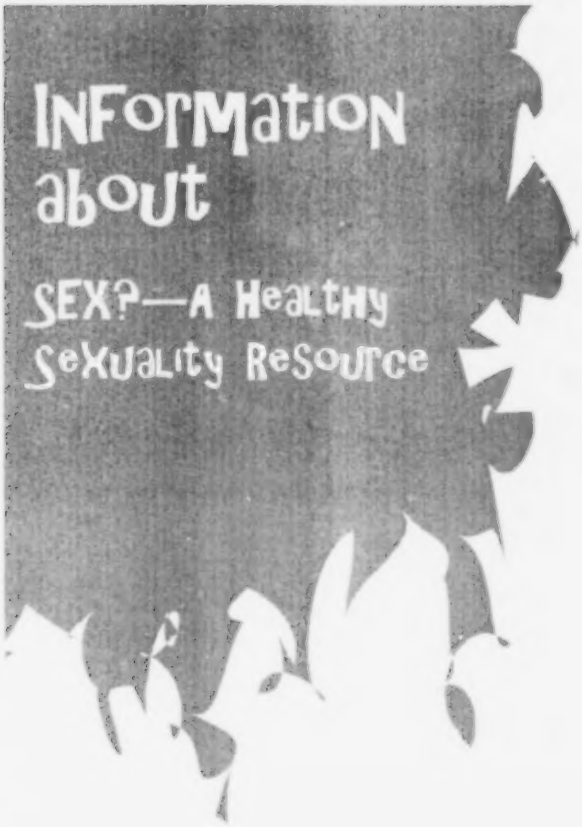
Introduction

This booklet is intended to serve as a quick reference for public health nurses and others who may be called on to answer questions about, or related to, SEX?—A Healthy Sexuality Resource. It contains background information on the resource, answers to frequently asked questions, Health/Personal Development and Relationships curriculum outcomes, and information on how to talk to your kids about sexuality.

All of the material in this reference may be copied and circulated as needed to respond to inquiries from parents, teachers, and others.

1. Information about SEX?—A Healthy Sexuality Resource



Information about
SEX?—A Healthy Sexuality Resource

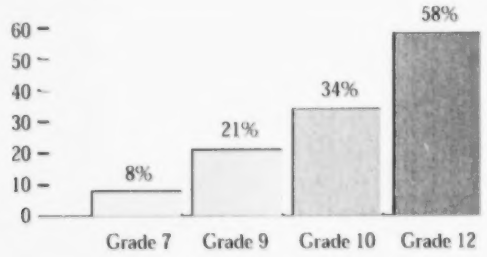
Children and youth hear messages about sex from many sources — movies, TV, music videos, the internet. In 2002, a survey in Nova Scotia found that many young people were engaging in sexual intercourse at a very young age and many were at risk both for sexually transmitted infections (STIs) — such as, chlamydia, herpes, and gonnorhea — and for unintended pregnancy.[1]

> *"The health and safety of our youth is our number one priority. It's crucial that we provide youth with credible information to help them to make safe, healthy choices about their sexual health."*
>
> Dr. Jeff Scott
> Chief Medical Officer of Health, Nova Scotia

Unfortunately, a 2002 survey of Canadian youth showed that these young people knew less about sexual health than those surveyed 13 years earlier.[2]

Health and education professionals in Nova Scotia believe that the following statistics confirm that youth need information about healthy sexual choices.

- **8% of grade 7 students in Nova Scotia have already engaged in sexual intercourse.** This increases to 21% in grade 9; 34% in grade 10; and 58% in grade 12.[1]



Of the students who have had sexual intercourse

- 37% had more than one sexual partner in the previous year
- 36% had **not** used a condom
- 66% had unplanned sexual intercourse
- 35% were under the influence of alcohol or drugs when they had intercourse

- **Youth between the ages of 15 and 24 have the highest rates of sexually transmitted infections (STIs).** The rate of STIs is also increasing faster in this age group than in any other.[3]

- **A 2002 Canadian survey of youth sexual behaviour also shows youth making unsafe sexual choices.**[2] This study found that:
  - 30-52% of youth had engaged in oral sex
  - Only 1-3% of those who had intercourse had ever had an STI test
- **The same study showed that 44-66% of youth didn't know that HIV/AIDS can not be cured.**
- **At least one in nine Canadian high school students has already been involved in an abusive relationship.**[4]

SEX?—A Healthy Sexuality Resource offers youth accurate, up-to-date, practical information to help them make better decisions about their sexual health.

How Was the Resource Developed?

Nova Scotia's new sexual health resource, SEX?—A Healthy Sexuality Resource is the product of a three-year-long development process, undertaken jointly by the Office of Health Promotion, Public Health Services, the Department of Health, the Department of Education, and our community partners.

Over 500 youth were involved in developing this resource. We started by asking young people what they or their friends "wanted to know, needed to know or wish they had been told" to help them to make healthy sexual decisions. Based on this information, we researched and produced a draft of a healthy sexuality book. We then tested this draft with youth throughout the province to ensure that they understood and could read the information. Seventy three percent (73%) of youth told us that this book would help them to make better decisions in the area of sexual health.

We also received positive responses, helpful advice and good ideas from eight parent/teacher focus groups throughout the province as well as from national and provincial experts in the field of sexual health and sex education.

SEX?—A Healthy Sexuality Resource is a non-judgmental presentation of facts. It includes information about:

- Sex, Relationships, and Decisions
- Sexually Transmitted Infections
- Sexual Assault
- Preventing Pregnancy

Our youth have told that they want to make good decisions about their sexual health and they asked us to give them the information they need. We have listened to them and done our best to develop a resource that meets their need for accurate, up-to-date, practical, and readable information.

Sources:

1. **Nova Scotia Student Drug Use 2002 Survey**, Technical Report. Nova Scotia Department of Health, Addiction Services and Dalhousie University, November 2002.
2. **Canadian Youth, Sexual Health and HIV/AIDS Study**, Factors influencing knowledge, attitudes and behaviours. Health Canada, Canadian Strategy on HIV/AIDS and the Council of Ministers of Education, Canada, 2003.
3. **Condoms, Sexually transmitted infections, Safer Sex and You** STD Epi Update, May 2002. Health Canada
4. Healthy Relationships Violence Prevention Curriculum, Men for Change, Halifax, NS, 1994.

2.
Questions and Answers Related to
SEX? — A Healthy Sexuality Resource

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1. *Question:* Why is this book necessary? .....

Answer:

- Youth have asked for factual, easy-to-understand information to help them make safe, healthy choices before they become sexually active.
- Students and parents in focus groups across Nova Scotia have said that they want and need the information.
- Nova Scotia youth are engaging in sexual activity at a young age, and many are not protecting themselves from sexually transmitted infections (STIs) and pregnancy.
- A 2002 Nova Scotia Study (2002 Student Drug Use survey) shows that: **8% of grade 7 students had already engaged in sexual intercourse.** This increased to 21% in grade 9; 34% in grade 10; and 58% in grade 12.
- Of the students who had had sexual intercourse:
  -37% had more than one sexual partner in the previous year
  -36% had **not** used a condom
  -66% had unplanned sexual intercourse
  -35% were under the influence of alcohol or drugs when they had intercourse
- A national study released in September 2003 (Canadian Youth, Sexual Health and HIV/AIDS Study: www.cmec.ca/publications/aids/) shows youth making unsafe sexual choices. This study found that:
  - 30-52% of youth had engaged in oral sex
  - 44-66% didn't know that HIV/AIDS was incurable
  - 6-8% of girls had been pregnant
  - Only 1-3% of those who had intercourse had had an STI test
  - One-third of grade 9 students and more than half of grade 11 students said that they had had oral sex at least once
- This resource is an efficient way to maintain accurate, up-to-date information for youth across the province. It will help to standardize the basic information given to youth and their parents. SEX?—A Healthy Sexuality Resource replaces and consolidates the more than 30 pamphlets, loose pages, and other assorted printed resources that are currently used. These are easily lost or overlooked, quickly become out-dated, and many were not really suitable for youth
- This resource will give young people a source of reliable information that they can keep and refer to.

2. *Question:* Why did you call the book SEX?.....

Answer:

- So it would appeal to our audience — youth. In our focus testing, young people said that if the resource looked boring, they wouldn't bother reading it.
- "SEX?" was one of the titles focus tested, so we knew teens would like it.
- We also tested more descriptive titles — like "Healthy Sexual Choices" — but youth rejected them.

3. *Question:* Can I get a copy of the SEX? book?.....

Answer:

- During the 2004-2005 school year, copies are available, free, for all Nova Scotian youth age 12-17, through public health offices or through schools in areas where the School Board has approved distribution. After this initial year, the resource will be available free to grade 7 students in participating schools and to out-of-school youth through public health offices.
- After August 2004, the entire resource can be viewed on-line or downloaded as a pdf file from the Office of Health Promotion website: www.gov.ns.ca/ohp
- After August 2004, copies of the book can be purchased from Nova Scotia Government Publications.

  Address: P.O. Box 637, Halifax, Nova Scotia, B3J 2T3
  Hours of Operation: Monday to Friday, 8:30 to 4:30
  Phone: 902-424-7580 and, toll free within Nova Scotia: 1-800-526-6575
  Fax: 902-424-7161
  E-Mail: publications@gov.ns.ca

- You can also see a copy in your local public library or at the local public health office.
- Check with your local school to see if a copy is available there for parents to view.

4. *Question:* Has the Department of Education approved this resource?

Answer:

- SEX — A Healthy Sexuality Resource is NOT a school textbook. It is a personal health resource developed for youth age 12 and older that is being distributed through participating schools. It supports many of the topics currently being addressed in the grades 7, 8, and 9 Health/Personal Development and Relationships curriculum — for example, risk taking, assault and abuse, HIV/AIDS, sexual orientation, dating and relationships, pregnancy, and methods of contraception.

- SEX? has been listed in the Department of Education's *Authorized Learning Resources* as a teacher resource. This means that the resource will be available to teachers to assist them in planning instruction to address curriculum outcomes related to sexuality education.

5. *Question:* Why give this out at school?

Answer:

- Youth in focus groups told us that school is by far the best place for getting this information to them, and it's the most effective and efficient way to reach nearly all youth.

- A national study (Canadian Youth, Sexual Health and HIV/AIDS Study, released in September 2003 by Health Canada and the AIDS Commission) shows that youth say school is the number one place where young people get their information about sexual health.

- Also, the information complements (but is not part of) the Sexuality Education component of the Health/Personal Development and Relationships curriculum in schools.

6. *Question:* Why are grade 7 students receiving the same information as grade 12 students?

Answer:

- Grade 7 is the primary audience for this resource. It has been developed to address their needs and written at a grade 6 reading level.
- Students in grades 8-12 will be receiving the resource only during the first year of distribution. This is because it wasn't available to them in grade 7.
- SEX?—A Healthy Sexuality Resource supports many of the topics currently being addressed in grades 7, 8, and 9 Health, Personal Development and Relationships curriculum at your child's school— for example, risk taking, assault and abuse, HIV/AIDS, sexual orientation, dating and relationships, pregnancy, and methods of contraception.
- Students in elementary school have already been receiving sexuality education that gives them a basic understanding of the topic. This resource builds on that information.
- The youth in our focus groups –71% – said they thought the resource should be given to those in grade 6 or 7. This was consistently reinforced parents and teachers in our focus groups.
- Statistics and other evidence tell us that students at this level are already involved in risky situations. For example, in 2002, a survey in Nova Scotia found that many young people were engaging in sexual intercourse at a very young age and many were at risk of getting sexually transmitted infections (STIs). This study found that 8% of grade 7 students had already engaged in sexual intercourse. By Grade 9 that jumps to 21%. This statistic refers only to sexual intercourse and does not include other activities like oral sex.
- Important decision-making happens during the junior high years. Parents, youth, and health professionals in the focus groups testing this resource stated that young people should have this information before they become sexually active so they can make safe, healthy decisions.

7. *Question:* Isn't it the parents' job to talk to their children about sex?

Answer:

- Yes, absolutely. Parents are their children's first and best teacher and their most important sexual health educators. You have the opportunity to ensure that your children know about sexual health and healthy sexual choices and are their best source of information, guidance, and support.
- This resource provides non-judgmental information on healthy sexuality, but family discussions and conversations provide young people with the values that will guide their choices.
- SEX? — A Healthy Sexuality Resource provides accurate, up-to-date information and encourages youth to talk to parents, guardians and other responsible sources.
- Parents have told us that they don't feel they have up-to-date information on sexual health issues and that this book will help them bring up these topics with their children.

8. *Question:* How can I talk about this topic with my kids?

Answer:

- We have an information sheet for parents called "How to Talk to Your Kids about Sexuality and Healthy Sexual Choices."
- We hope the book will offer parents a way to discuss these topics with their children.

9 *Question:* **I'm not comfortable talking about sex with my children. What do I do if they ask questions about this book?.....**

Answer:

- You are not alone. Many parents are uncomfortable talking about sexuality and sexual issues with their children.
- Questions and curiosity about sex and sexuality are a normal part of growth and development.
- You could start by asking them what they think about the resource. Let them know that it contains information that is new to you. Ask them questions like:
  - Do you think this book will help other kids?
  - What do you think about the section on decision-making?
  - What did you think about the information in the sexual assault section?
- If you don't feel comfortable talking about sex and sexuality with your children, help them find other adults or professionals they CAN talk to.
- Let your children know it's okay with you if they ask for information from other accurate, reliable sources, like doctors, public heath nurses, and teen health clinics.

10 *Question:* **My child finds this whole topic unsettling. S/he was upset when reading the book.....**

Answer:

- Children and youth mature at different rates and your child may just not be ready for this information. That's fine. Children and youth can refer to the book when they're ready. Let them know that its okay if they don't want to read it.
- If you are concerned about your child's reaction, consider suggesting that it might be helpful for him/her to talk to someone else about the issue — for example, a public health nurse.

11. *Question:* Where can I get more information about sexual health issues?

Answer:

- There are hundreds of websites where you can get information about sexuality, relationships, birth control, and STIs. Here are few good places to start.

  - Office of Health Promotion: www.gov.ns.cs/ohp

  - Nova Scotia Department of Health: www.gov.ns.ca/health/publichealth

  - Sex Information and Education Council of Canada: www.sieccan.org

  - Canadian Health Network SRH Centre:
    www.canadian-health-network.ca/1sexuality_reproductive_health.html

  - Society of Obstetricians and Gynecologists of Canada Youth Site:
    www.sexualityandu.ca

- For additional background information on the topics related to sexuality, sexuality education, and related issues we recommend:

  - **What You Need to Know about STI: Sexually Transmitted Infections**
    This can be downloaded in pdf format from Health Canada at:
    www.hc-sc.gc.ca/pphb-dgspsp/publicat/std-mts/index.html

  - **Canadian Guidelines for Sexual Health Education**
    This can be downloaded in pdf format or ordered from Health Canada at:
    www.hc-sc.gc.ca/pphb-dgspsp/publicat/cgshe-ldnemss/index.html

  - **Sex Sense**
    The Society of Obstetricians and Gynaecologists of Canada
    A comprehensive look at sexuality and contraception
    Can be ordered toll free at: 1-877-519-7999 or online at:
    www.sogc.org/sexsense/index.htm

  - **Common questions about sexual health education**, SIECCAN Newsletter, Vol.35, No. 1 — Summer 2000. The Sex Information and Education Council of Canada: www.sieccan.org

12. *Question:* Does this resource address the morals and values involved in sexual choices?

Answer:

- No. This resource provides facts. Parents and others give children the values they will use to interpret and act on the information. This book can help parents discuss the topic of sexual health with their child.
- Morals and values play a very important role in sexuality. Morals and values are shaped by many influences — most importantly parents and family. They are also shaped by peer groups, religion and faith, personal experiences, books, media, and more.
- This resource presents the facts in a non-judgmental manner. Its goal is to give youth the information they need so they can make safe and healthy decisions about their sexual health.

13. *Question:* Won't giving youth information about sex make them more likely to have sex?

Answer:

- No. Research has shown that teaching children and youth about sex will help them to make healthy sexual choices. Young people who do not have information are more likely to take dangerous risks.
- The Joint United Nations Program on HIV/AIDS reported in October 1997 that evidence indicated that sex education for children and young people promotes safer sexual practices and does NOT increase sexual activity.
- 17 different studies of HIV and sex education programs show that sex education had a positive impact — most started sexual activity at a later age, had fewer sex partners, and/or had reduced rates of unplanned pregnancy and STIs.

14. *Question:* Shouldn't we just teach them about abstinence? Just tell them not to do it!

Answer:

- Abstinence is clearly defined and promoted throughout the resource.
- Research has shown that an "abstinence only" approach to sex education does NOT result in youth waiting until they're older before having sexual intercourse for the first time.
- Many youth are already sexually active, and we have a responsibility to provide them with the information they need to protect themselves.
- Responsible sex education programs must meet the needs of all the youth who participate, including those who have chosen, or will choose, to become sexually active.
- Abstinence-only programs do not allow youth to learn skills they need to reduce the risks of sexual activity when they become sexually active in the future.

15. *Question:* How accurate is the information in this book? .....

Answer:

- The information in this resource has been researched and checked for accuracy. The text has been reviewed by the Society of Obstetricians and Gynecologists of Canada (SOGC) and the Sex Information and Education Council of Canada, (SIECCAN) as well as by medical experts in Nova Scotia.
- Depending on which sources are used, there will always be variation in the details. For example, in contraceptive effectiveness rates, we use both the rates for "perfect use" (how well a method works when you follow the directions exactly and use it every time you have sex) and "typical use" (how effective the method is likely to be if you don't follow the directions exactly and don't use it every time). Others may choose to use just one of these rates. Neither of these is wrong. They are just different perspectives.
- The Working Group that produced SEX?—A Healthy Sexuality Resource chose the information used in the resource based on the advice of content experts. It is as accurate as we can make it as of the date of publication.
- The information will be reviewed and updated as new research is done so that future editions will remain accurate and up-to-date.

16. *Question:* Does this resource promote homosexuality? .....

Answer:

- No. This resource contains basic information on many topics related to sexual health. Homosexuality is one of them.
- The book introduces the topic but makes no value judgments, except to say that it is okay to be gay, lesbian, bisexual, or transgendered, but wrong to treat people badly because of their sexual orientation.

17. *Question:* Why did you have to talk about things like oral sex and anal sex in this resource?

Answer:

- Youth have asked us for this information. Many have engaged in these practices or know someone who has. A 2003 study found that 30 to 52 % of youth had engaged in oral sex.
- We have an ethical responsibility not to withhold information that relates to youth health and safety, and to let them know that these activities have risks.
- Youth have the right and the responsibility to make decisions about their sexual values, ethics and behaviour. They need both accurate information on which to base these decisions and their family's values to help guide them.

18. *Question:* **Is this a Planned Parenthood resource?**

Answer:

- No. This resource was produced by the Healthy Sexuality Working Group, which is made up of representatives of the Office of Health Promotion, Public Health Services, the Department of Health, and the Department of Education.
- SEX?—A Healthy Sexuality Resource was developed in consultation with parents, teachers, schools, health and sexuality experts, and hundreds of youth from across the province.
- Planned Parenthood was a contributing member of the Healthy Sexuality Working Group and just one of the many community partners consulted in the development of this resource. Planned Parenthood is an organization recognized for its expertise in issues related to contraception, and its medical staff was valuable in contributing this expertise to the resource.
- The Society of Obstetricians and Gynecologists of Canada, the Sex Information and Education Council of Canada, and others also contributed their expertise by reviewing the text for accuracy.

19. *Question:* **Will teaching them about birth control and condoms just encourage them to have sex and make it MORE likely that someone will get pregnant?**

Answer:

- No. Research shows that giving teens information about using contraceptives and condoms does NOT lead to earlier sexual activity or to more sexual activity.
- Research also shows that programs that teach about contraceptives and condom use DO increase the use of contraceptives among teens who are sexually active. This would make unplanned pregnancy less likely.
- You'll find more information on the website of SIECCAN — The Sex Information and Education Council of Canada: www.seiccan.org

20 *Question:* Contraceptives don't work anyway, so why bother teaching about them?

Answer:

- When used consistently and correctly, contraceptives are very effective.
- When no contraception is used, 85% of sexually active women will get pregnant within a year.

21 *Question:* Why does the resource talk about condoms so much?

Answer:

- Other than total sexual abstinence, only condoms offer significant protection against HIV/AIDS and other STIs.
- However, to be effective, condoms be used correctly and consistently. That's why it's important for teens to learn why they should use them and how to use them correctly.

22 *Question:* Don't condoms have a high failure rate?

Answer:

- No. The National Institutes of Health (NIH) confirms that condoms offer very effective protection against both HIV and unplanned pregnancy.
- The NIH also reports that condoms offer protection against other STIs, such as gonorrhea, chlamydia, and trichomoniasis.

23. *Question:* I've heard that condoms don't protect against HPV (Human Papilloma Virus). Is that true? .....

Answer:

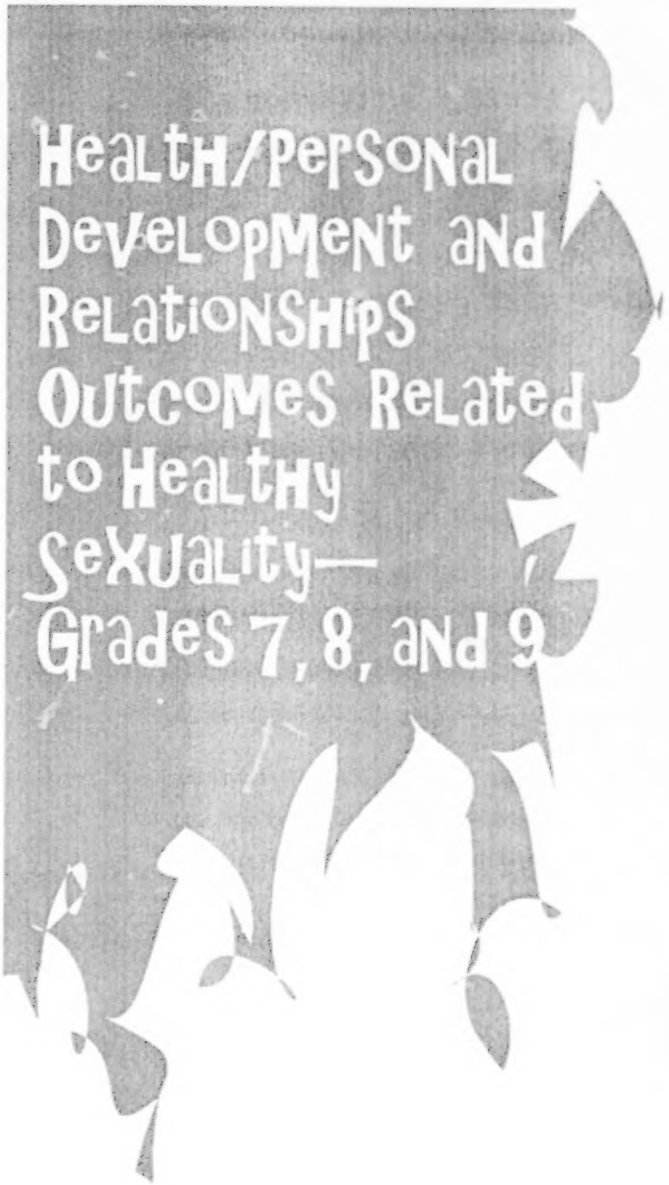
- Condoms do not provide 100% protection against all STIs. Condoms cannot protect against viral infections — like HPV and herpes — on the parts of the body that they DON'T cover.
- However, there is clear evidence that using condoms consistently dramatically reduces the risk of STI infection, particularly HIV/AIDS.
- Using condoms consistently and correctly can also reduce the risk of diseases associated with HPV, for example cervical cancer.

24 *Question:* Is the morning after pill really an abortion pill? .....

Answer:

- No. Here's the technical explanation:
  Medical science considers that a pregnancy has begun once implantation of a fertilized egg in the lining of a woman's uterus is complete. The process of implantation begins about five days after fertilization and is completed about one week later, around the time of the expected menses. Emergency contraceptives are ineffective once implantation has begun; they cannot cause an abortion if the woman is already pregnant.
- In plain language:
  - "The morning after pill" or ECP (Emergency Contraceptive Pills) prevent pregnancy.
    They do not interfere with a pregnancy or cause abortions or miscarriages.
  - They work by either preventing or delaying ovulation, or by preventing a fertilized egg from attaching to the wall of the uterus. Scientifically, a pregnancy starts when the fertilized egg attaches to the wall of the uterus.
  - Taking ECP will not hurt a pregnancy that has already started or cause a miscarriage.

3. Health/Personal Development and Relationships Outcomes Related to Healthy Sexuality—Grades 7, 8, and 9



Health, Personal Development and Relationships Outcomes For Sexual Health Education

Grade 7 Outcomes: *Students will be expected to...*

- **Risk-taking behaviours**
  - identify positive and negative reasons for taking risks (B3.1)
  - explain the relationship between risk-taking and self-image (B3.2)
  - assess their own risk-taking in a variety of contexts (B3.3)
- **Decision making**
  - identify and practise strategies for making decisions in situations that involve risk (B3.4)
- **Peer relationships**
  - identify and practise strategies for dealing with change in peer relationships (D3.4)
  - identify and practise ways of supporting healthy self-concept and decision making among peers (D1)
  - identify the roles, rights, and responsibilities involved in various relationships (D3.2)
  - demonstrate respect for the feelings and beliefs of others (D3.1)
- **Assault and abuse**
  - identify types of abuse and demonstrate knowledge of laws related to assault and abuse(B4.4)
- **Expressing emotions**
  - identify and practise healthy ways of expressing emotions (B6.1)
- **Managing stress and solving problems**
  - identify and practise strategies for managing stress and solving problems associated with the changes and challenges of adolescence (D1.1)
- **Consumer awareness**
  - demonstrate an awareness of adolescents as a target population for consumer marketing (C3.2)

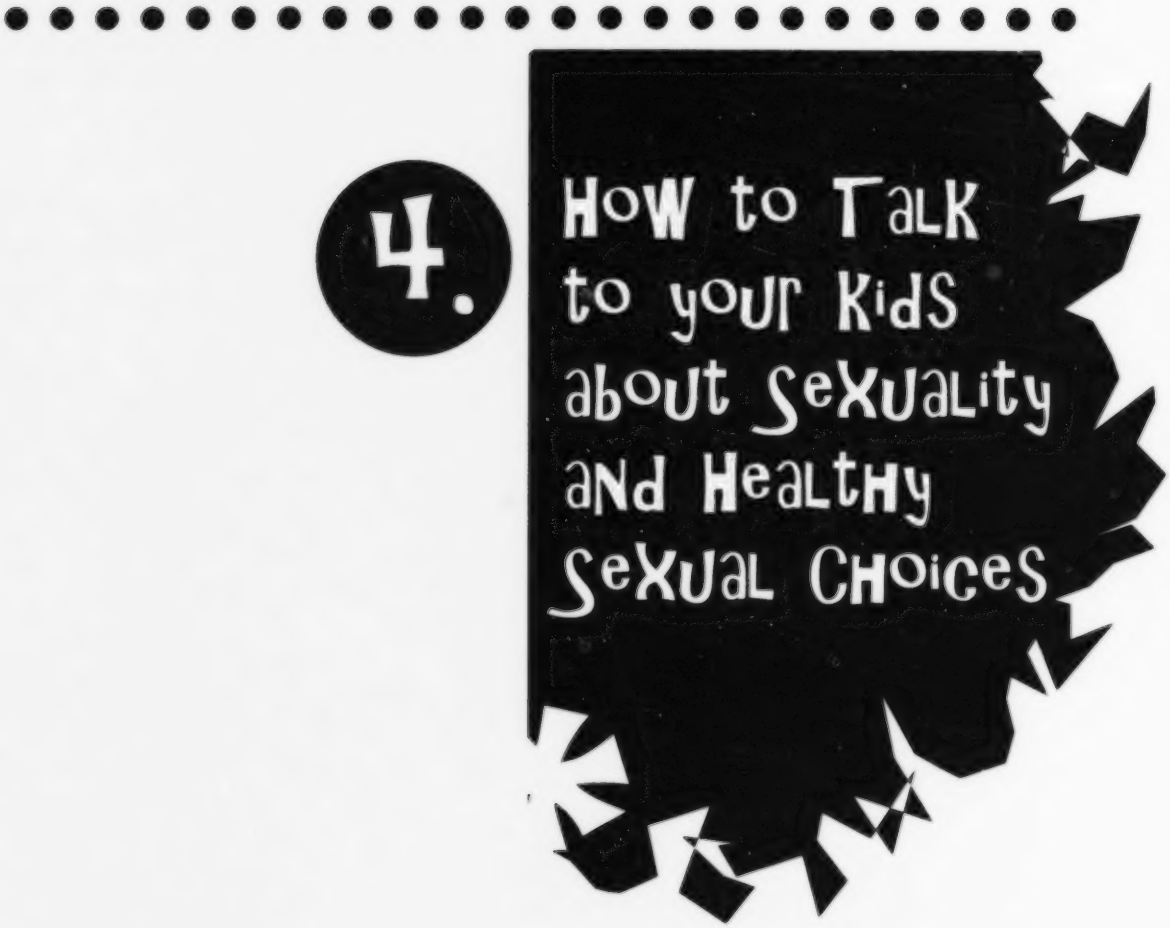
Grade 8 Outcomes: *Students will be expected to...*

- **Risks of being sexually active**
  - identify risks and related precautions of being sexually active (B3.1)
- **Decision making**
  - demonstrate self-knowledge, self-respect, and assertiveness in sexual decision making (B4.3)
- **Teen pregnancy**
  - evaluate options and consequences related to teen pregnancy (B3.2)
- **Avoiding dangerous situations**
  - Identify and practise strategies for avoiding potentially dangerous situations (B4.2)

- **HIV/AIDS and STIs**
  - Identify and practise strategies for preventing sexually tramsmitted diseases (B5.1)
  - Identify and practise strategies for preventing HIV/AIDS (B5.2)
  - Demonstrate empathy toward people living with HIV/AIDS (C5.2)
- **Media and lifestyle choices**
  - Evaluate the impact of media on self-image and lifestyle choices (C3.1)
- **Sexual orientation**
  - Identify personal, social, and cultural influences related to sexual identity and decision making (B3.3)
  - Demonstrate acceptance of, and appreciation for, their own and others sexual orientation (C5.1)
- **Dating and relationships**
  - Identity traits of healthy relationships
  - Identify and practise strategies for communication personal needs in relationships
- **Personal values and peer acceptance**
  - Identify and practise strategies for balancing personal values and needs with the need for peer acceptance (D3.5)
- **Health and Illness**
  - Demonstrate a knowledge of symptoms, risk factors, and management strategies for various types of cancer (B5.3)

Grade 9 Outcomes: *Students will be expected to...*

- **Pregnancy**
  - Demonstrate an understanding of the stages of pregnancy and prenatal development (A1.2)
  - Identify the risks of smoking, drinking, and other drug use during pregnancy (B3.3)
- **Methods of contraception**
  - Evaluate the safety and effectiveness of various methods of conception (B3.2)
- **Sexual harrassment/date rape**
  - Identify and practise strategies for preventing sexual harrassment and date rape in dating relatrionships (B4.3)
- **Expressing strong feelings**
  - Expressing strong feelings such as anger, fear, and rejection in healthy ways (B6.1)
- **Maintaining health**
  - Evaluate the trustworthiness of alternative products and therapies used for the prevention and treatement of disease (B5.3)
  - Define and practise strategies for maintaining a general sense of health and well-being (D1.1)
- **Dealing with problems**
  - Demonstrate attitudes and strategies needed to face and deal with problems (D1.4)
- **Peer Relationships**
  - Identify and practise strategies for dealing with the challenges of peer relationships (D3.2)


4.
How to Talk to your Kids about Sexuality and Healthy Sexual Choices

How to Talk to Your Kids about Sexuality and Healthy Sexual Choices .....

Youth need to hear about sexual health issues in different ways — by talking with parents and other trusted adults, through books, and in class discussions. Books and resources like SEX?—A Healthy Sexuality Resource can provide information, but family discussion provides young people with the values that will guide their choices.

As a parent, you are your children's first and best teacher. You have the opportunity to ensure that your children know about sexual health and healthy sexual choices. Young people have told us that they want to make the right choices and that they need information that will allow them to do so. You are their best source of information, guidance and support. We hope this information will give you some ideas for talking with your children about sexual health.

Be available and easy to talk to.

Start conversations about sexual issues. Ask what your children are learning in health class, what they hear from their friends, what they see and hear in the media — movies, TV, videos, magazines, etc. Your children will be more willing to come to you for information if they know you're willing to give it.

Let them know you're willing to talk about difficult issues. You may feel uncomfortable discussing topics like abuse, assault, dating violence, sexually transmitted infections, and sexual orientation, but it's likely that your children or someone close to them will face one of these issues at some point.

Listen to your children without judging them.

Accept that your teens may see things differently. Share your own opinions, values, and views in a non-threatening way. You can disagree without condemning or belittling your child. Your children won't open up to you if they're afraid of being put down.

Look for accurate, up-to-date information to share with your children.

The more you know, the more you will be able to help your children and the more comfortable you'll be with the whole topic of sexuality.

There are many up-to-date resources that are accurate and respect young people's intelligence and ability to make decisions. These include books, videos, magazine articles, television, and the internet. And don't overlook local professionals like public health nurses, your family doctor, or community agencies.

Leave resources and reading material where your children can find them when they need information. Keep in mind that before your children come to you with a question, they've probably already looked for information about it. Do your best to be sure that what you tell them is honest and straightforward and that the resources you give them are accurate, respectful, and up-to-date.

Help your children learn to make decisions and accept responsibility.

Children who have experience in making decisions and accepting responsibility for the results of their choices will be better prepared to make responsible sexual choices.

Don't forget about boys.

Often sexual health information focuses on young women. This can give young men the message that they don't need information and don't have to accept responsibility for their actions. Young men need to hear about male sexuality and sexual responsibility too.

It's never too late.

Talking about sexuality and sexual issues with your teenagers will seem more natural and comfortable if you've been answering their questions since they were small. But it's never too late to share your values, beliefs, and experiences with your children. It's never too late to let them know you care about them and the choices they make. Fathers and adult males offer important perspectives and can contribute a great deal to these discussions.

If you don't feel comfortable talking about sex and sexuality with your children, help them find other adults or professionals they CAN talk to. Questions and curiosity are a normal part of growth and development. If you're uncomfortable with the topic, let your children know it's okay with you if they ask for information from other accurate, reliable sources.

For more information, check the Office of Health Promotion website: www.gov.ns.ca/ohp

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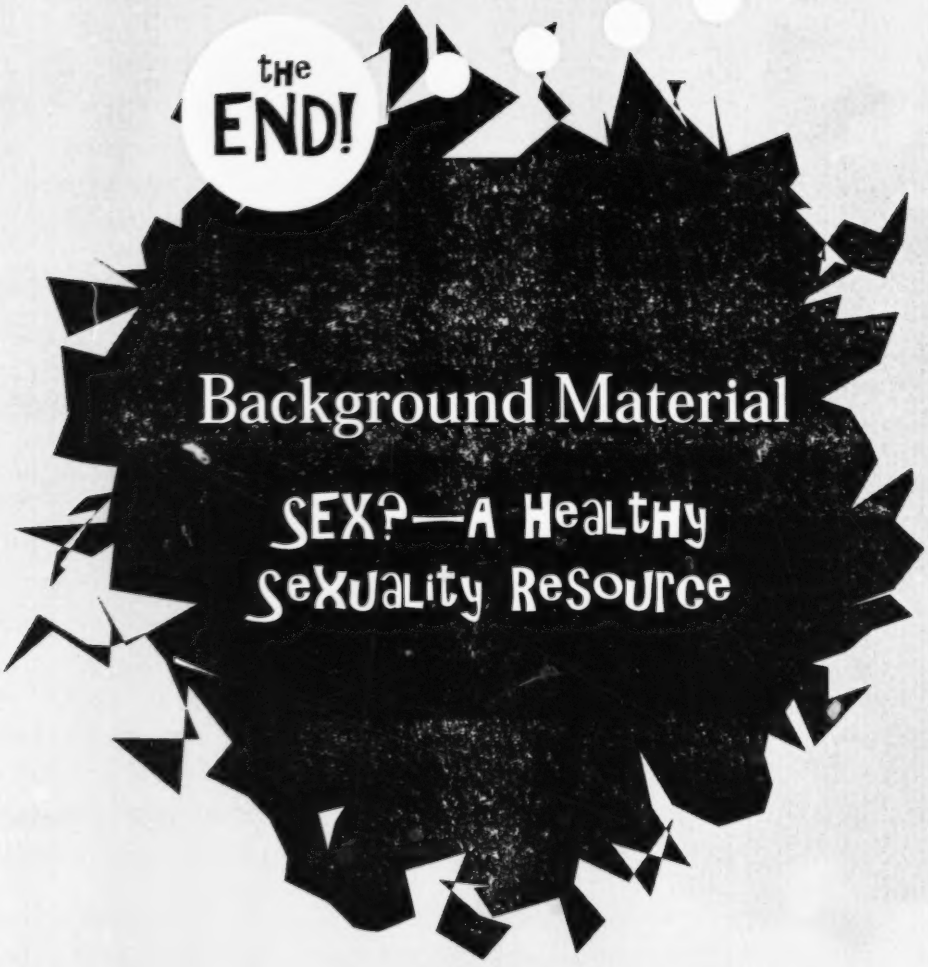
Adapted from:

Just Loosen Up and Start Talking. Planned Parenthood Nova Scotia and the Nova Scotia Department of Health, 1996, revised 2002.

Just Loosen Up and Keep Talking. Nova Scotia Round Table on Youth Sexual Health, 2nd Edition, March 1999.



Background Material

SEX?—A Healthy Sexuality Resource

NOVA SCOTIA
Health Promotion
Health
Education
Public Health Services

www.gov.ns.ca/hpe